



Assembly Select Committee on Re-Entry

Isadore Hall, III, Chair

Understanding the Public Health Implications of Prison Reentry in California

Thursday, March 18, 2010

11:00 AM to 2:00 PM

State Capitol, Room 4202 ★ Sacramento, California

Committee Members:

Assemblymember Tom Ammiano

Assemblymember Marty Block

Assemblymember Steven Bradford

Assemblymember Nathan Fletcher

Assemblymember Felipe Fuentes

Assemblymember Warren T. Furutani

Assemblymember Dave Jones

Assemblymember Bonnie Lowenthal

Assemblymember Jim Nielsen

Assemblymember Sandre R. Swanson

Assemblymember Norma J. Torres

Assemblymember Alberto Torrico

For more information, please visit: www.assembly.ca.gov/hall

**Assembly Select Committee on Re-Entry
Isadore Hall, III, Chair**

**Understanding the Public Health Implications
Of Prisoner Reentry in California**

**State Capitol, Room 4202 – Sacramento, CA
11am**

AGENDA

- | | |
|--|----------------|
| Welcome and Opening Remarks | 5 mins |
| <ul style="list-style-type: none">a. Chair, Assemblymember Isadore Hall, IIIb. Members of the Committee | |
| 1. Overview of the Rand Report | 30 mins |
| <ul style="list-style-type: none">c. Lois Davis, Principal – Rand Corporation | |
| 2. Faith Based Organizations: Challenges and Opportunities | 30 mins |
| <ul style="list-style-type: none">a. Reverend Eugene Williams, CEO – RCNO Training Centerb. Reverend Raymond Langford, Director – Healthy Communitiesc. Cheryl Branch, Director – Los Angeles Metropolitan Churches | |
| 3. Our Counties: Impacts to Public Health & Public Safety | 30 mins |
| <ul style="list-style-type: none">a. Dave Kears, Special Assistant – Alameda County Administratorb. Patrick O. Duterte, Solano County Health and Human Servicesc. Brett O'Brien, Orange County Health Care Agencyd. Gary Stanton, Sheriff – Solano County | |
| Questions from Committee Members | 30 mins |
| Public Comment | 20 mins |
| Closing Remarks | 5 mins |
| 4. Biographies of the Members of the Select Committee | |

Understanding the Public Health Implications of Prisoner Reentry In California

March 18, 2010



Dr. Lois M. Davis is a Senior Policy Researcher at RAND with expertise in the areas of public health and public safety. She has extensive experience in both qualitative and quantitative analysis, program evaluation, and in conducting in-depth case studies with stakeholders involved in service provision, policymaking, or administration of programs. Dr. Davis is currently conducting a multi-year study on the Public Health Implications of Prisoner Reentry in California funded by The California Endowment. She also recently completed a commissioned report for the Foundation that provides a comprehensive summary of disparities in the life chances of boys and men of color in California in four domains: health, education, public safety, and socioeconomic outcomes. Past research includes the health status of

returning prisoners, improving coordination among public health responders, an examination of exemplary practices in public health preparedness, evaluation of Los Angeles County's Long-Term Family Self-Sufficiency Plan, evaluation of the Comprehensive Youth Services Act, and the evaluation of a comprehensive, five-year violence prevention initiative in California.

Dr. Davis has a Ph.D. in Public Health, University of California, Los Angeles. She is a former National Institute of Mental Health Postdoctoral Fellow and a former Pew Health Policy Fellow.



HEALTH



Safety and Justice

A RAND INFRASTRUCTURE, SAFETY, AND ENVIRONMENT PROGRAM

Public Health Implications of Prisoner Reentry in California

Lois Davis, Ph.D.

March 18, 2010

Project Background

- **RAND has been helping clients to improve policy and decisionmaking through research and analysis for over 60 years**
 - Original focus on national security and defense
 - But for 40 years has also worked in other areas of public policy, such as public safety, health, education, etc.
- **Project was funded by The California Endowment**
 - Genesis was to focus on framing the reentry discussion in a public health context



Background and Policy Context

- **In past 20 years, California prison population grew threefold and they “all come home”**
- **At release, parolees will bring with them host of health and social needs**
- **California is implementing policies to reduce corrections costs and the size of the prison population**
 - **Including implementation of non-revocable parole (NRP)**
- **It will be important to consider the capacity of the safety net at the local level to meet their needs**

To Address Challenges, Policymakers Need Answers to Three Key Questions

- **What are the healthcare needs of prisoners in California upon their release?**
- **What is the geographical distribution of state prisoners who return to local communities in California?**
- **What types of healthcare services are available in these communities and what is their capacity to meet returning prisoners' needs?**

Questions and Approach

Questions

- **What are the healthcare needs of prisoners in California upon their release?**
- **What is the geographical distribution of state prisoners who return to local communities in California?**
- **What types of healthcare services are available in these communities and what is their capacity to meet returning prisoner needs?**

Approach

- **Use survey data to identify self-reported healthcare needs, access to and use of services, and SES characteristics**
- **Map parolees' residence after release and determine if substantial concentrations of parolees exist using GIS techniques**
- **Map locations of safety net facilities and construct accessibility measures that incorporate capacity and utilization**

Questions and Answers

Questions

- **What are the healthcare needs of prisoners in California upon their release?**
- **What is the geographical distribution of state prisoners who return to local communities in California?**
- **What types of healthcare services are available in these communities and what is their capacity to meet returning prisoner needs?**

Answers

- **State inmates' healthcare needs are high; mental health and drug treatment needs even higher**

This Population Has Many Healthcare and Mental Health and Drug Treatment Needs

- **Healthcare needs are high, especially for chronic conditions and infectious diseases**
 - 40% reported current health problems, including chronic health conditions (e.g., hypertension, diabetes, asthma) and infectious diseases (e.g., hepatitis)
- **Mental health and drug treatment needs are even higher**
 - 58% reported drug abuse or dependence problems
 - 55% reported recent mental health problems

Demographic and Other Characteristics Also Influence Reentry Success

- **While prison population is mostly male, it is aging and has an increasing number of women**
- **Socioeconomic factors may also undermine successful reentry**
 - **Only 60% of surveyed inmates had a GED or H.S. diploma**
 - **African-American and Latino parolees were more likely to return to disadvantaged communities**
- **Adverse life events also may complicate reentry and require additional health services**
 - **E.g., 17% reported past history of homelessness and 18% reported history of physical/sexual abuse**

Questions and Answers

Questions

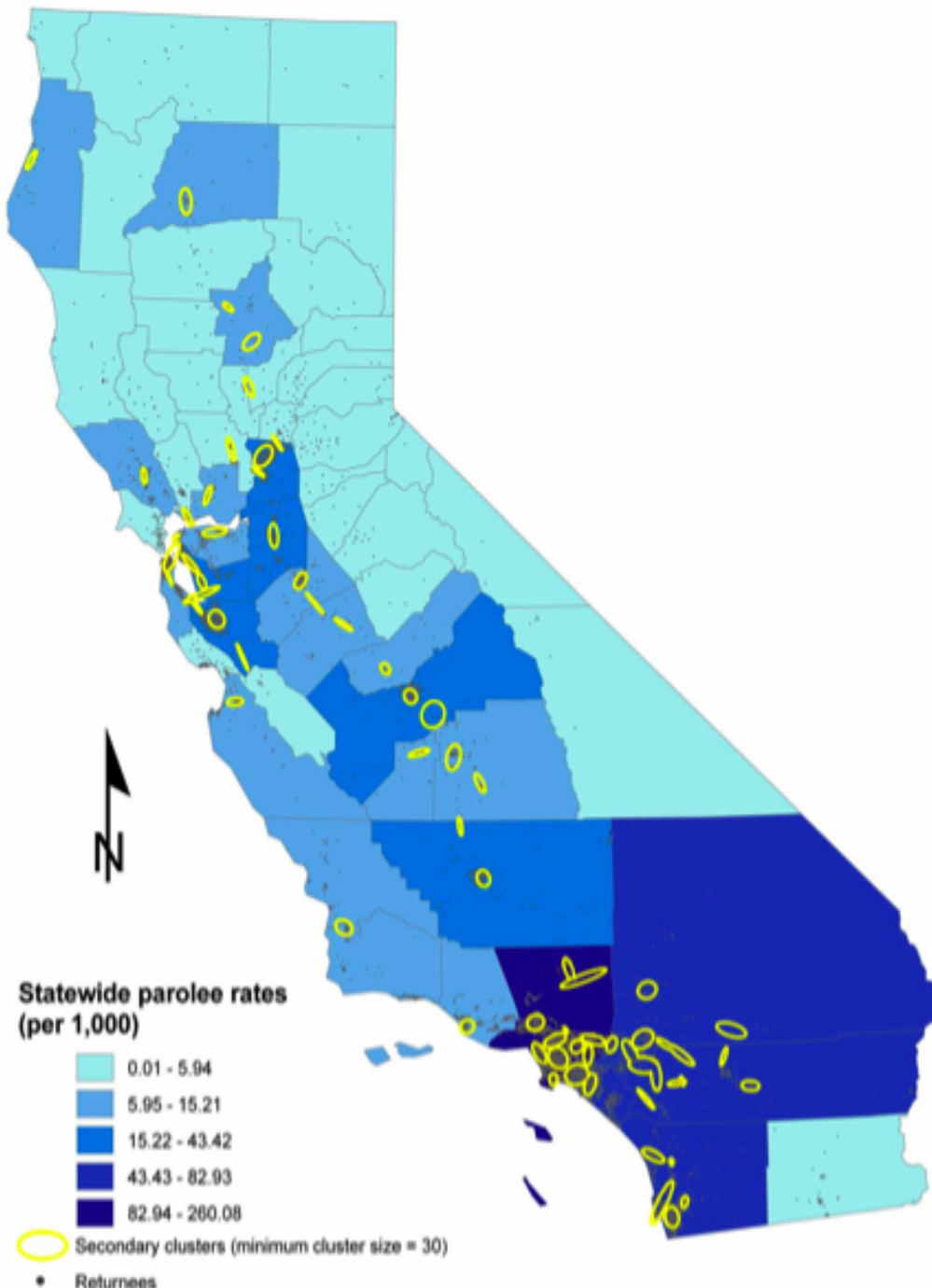
- **What are the healthcare needs of prisoners in California upon their release?**
- **What is the geographical distribution of state prisoners who return to local communities in California?**
- **What types of healthcare services are available in these communities and what is their capacity to meet returning prisoner needs?**

Answers

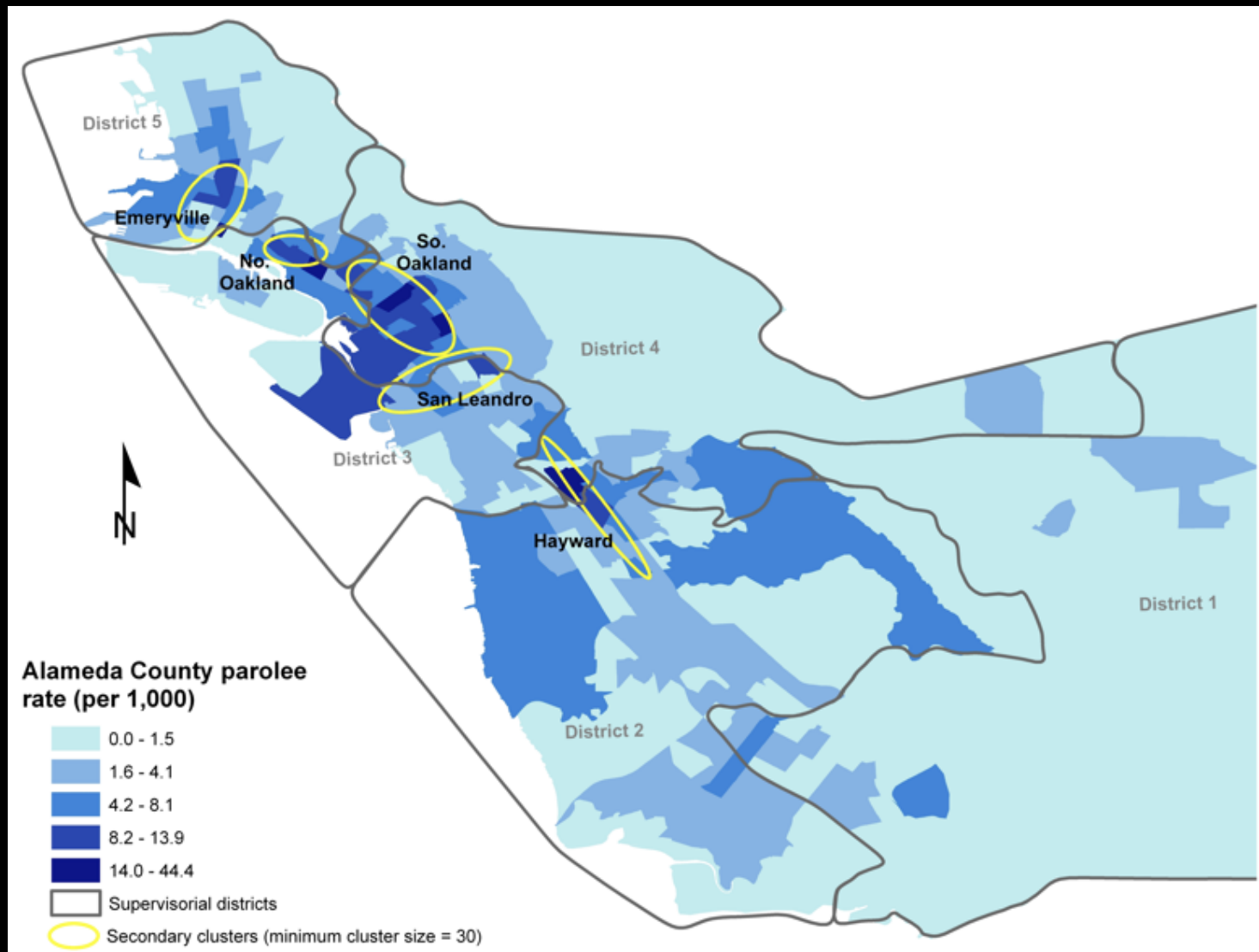
- **State inmates' healthcare needs are high; mental health and drug treatment needs even higher**
- **Certain California counties and communities are disproportionately affected by reentry**

Parolees Are Concentrated in 11 Counties, Mostly in the South

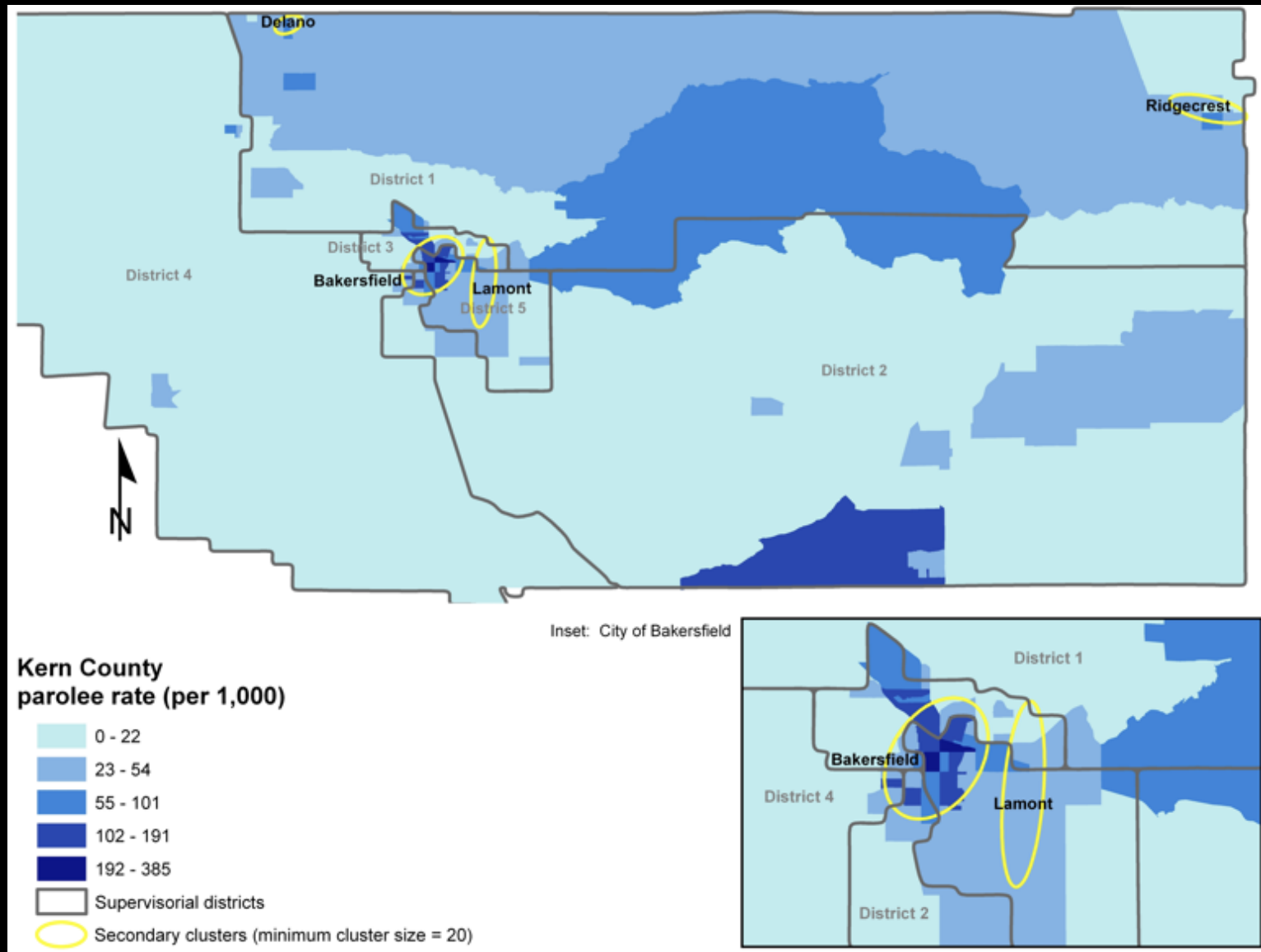
- Within counties, certain communities and neighborhoods tend to have higher parolee concentrations (or clusters of parolees)
- In rural counties, parolees are more dispersed



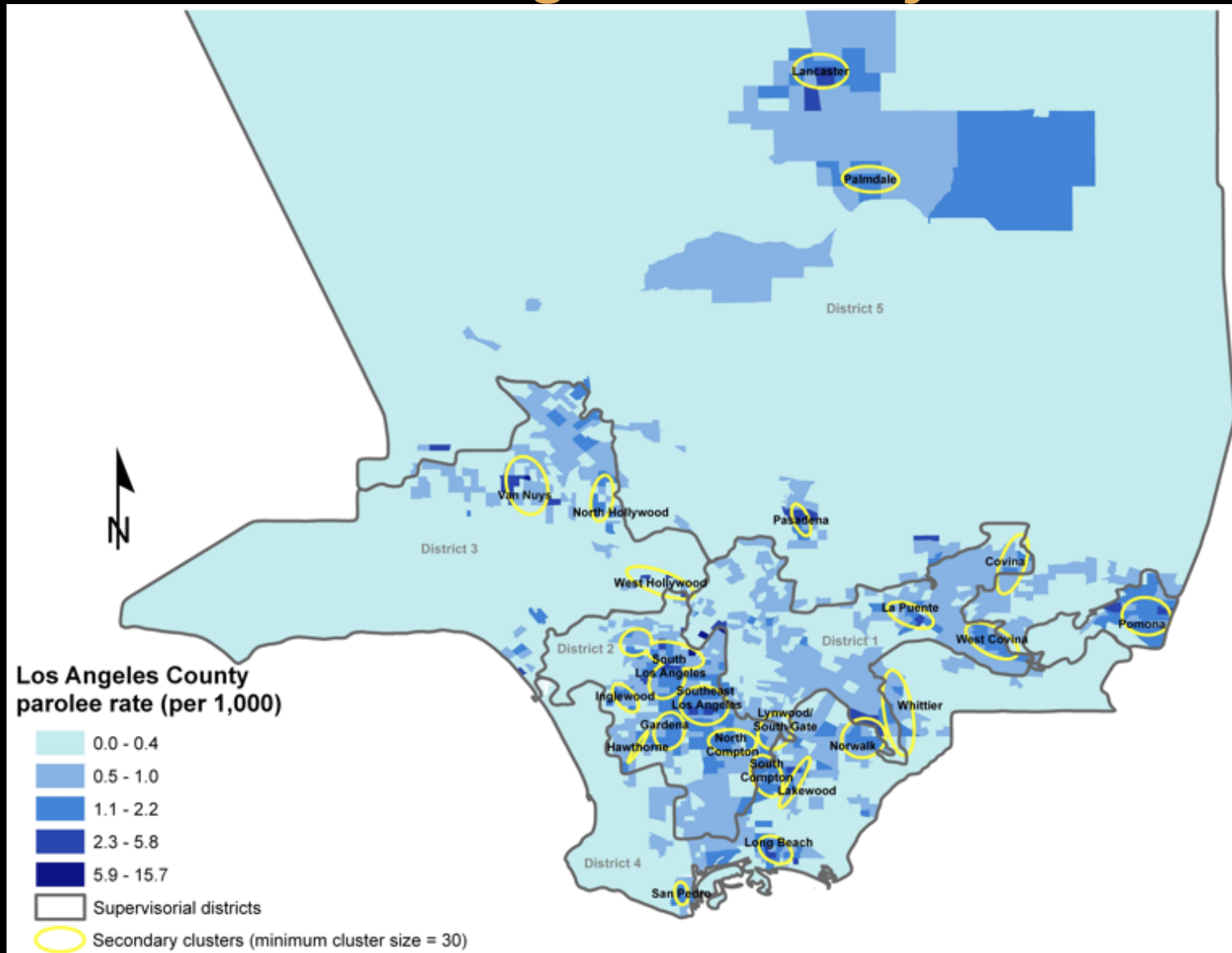
Parolees in Alameda County Tend to Cluster in Five Areas



Four Clusters Account for More Than Half of Kern County Parolees



There Are 23 Distinct Parolee Clusters in Los Angeles County



How Do We Target Reentry Resources and Develop Healthcare Strategies?

- **For example, Los Angeles County**
 - **Covers a broad geographic area: combination of both urban and more sparsely populated areas**
 - **23 distinct clusters of parolees, which account for only 35% of the parolees**
- **Suggests strategies to provide services to reentry population will need to be:**
 - **Tailored to both urban and more rural settings**
 - **Concentrated in certain supervisorial districts and service planning areas**

Questions and Answers

Questions

- What are the healthcare needs of prisoners in California upon their release?
- What is the geographical distribution of state prisoners who return to local communities in California?
- What types of healthcare services are available in these communities and what is their capacity to meet returning prisoner needs?

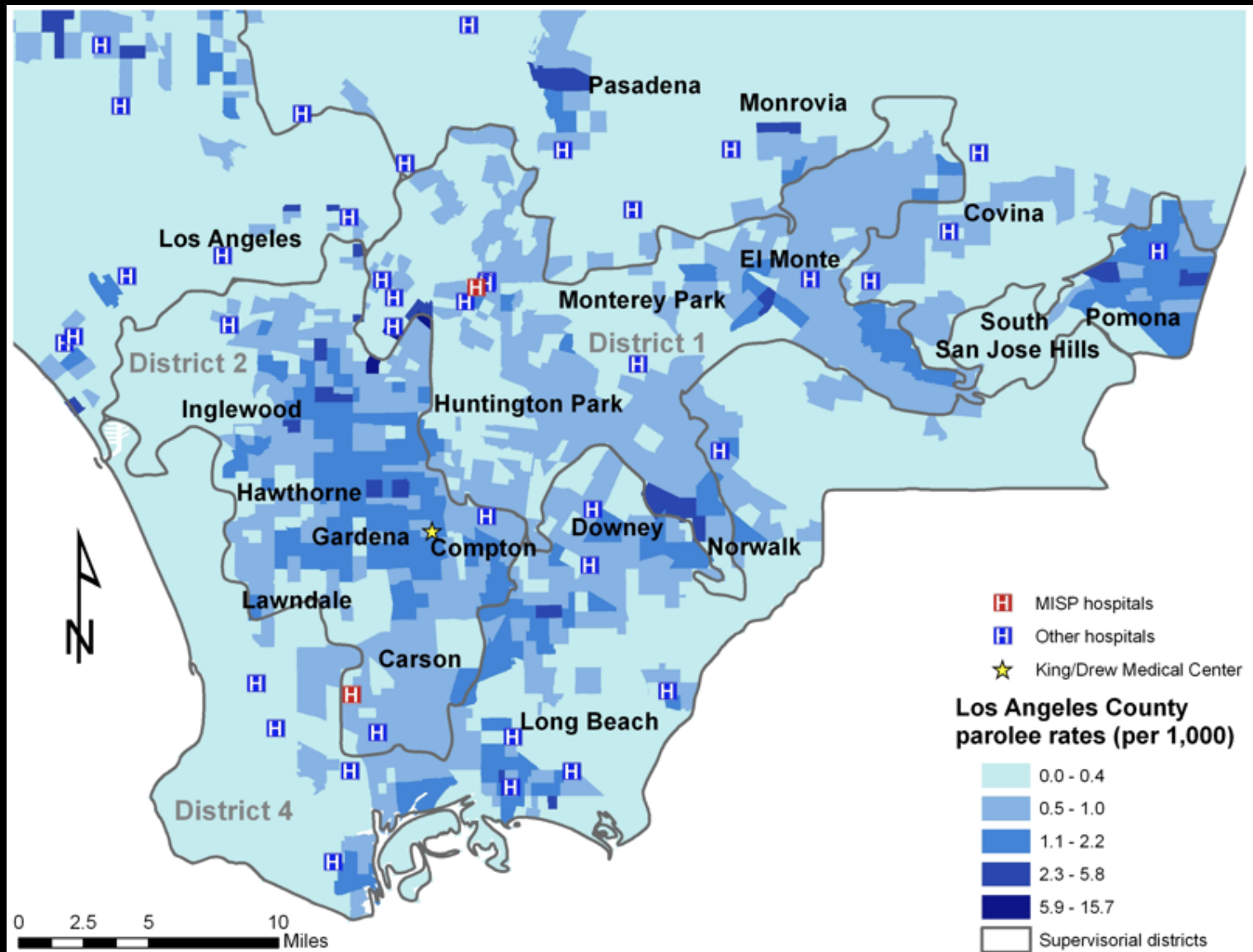
Answers

- State inmates' healthcare needs are high; mental health and drug treatment needs even higher
- Certain California counties and communities are disproportionately affected by reentry
- Access to healthcare, MH, SA safety nets varies across counties, within counties, by facility type, and by race/ethnicity

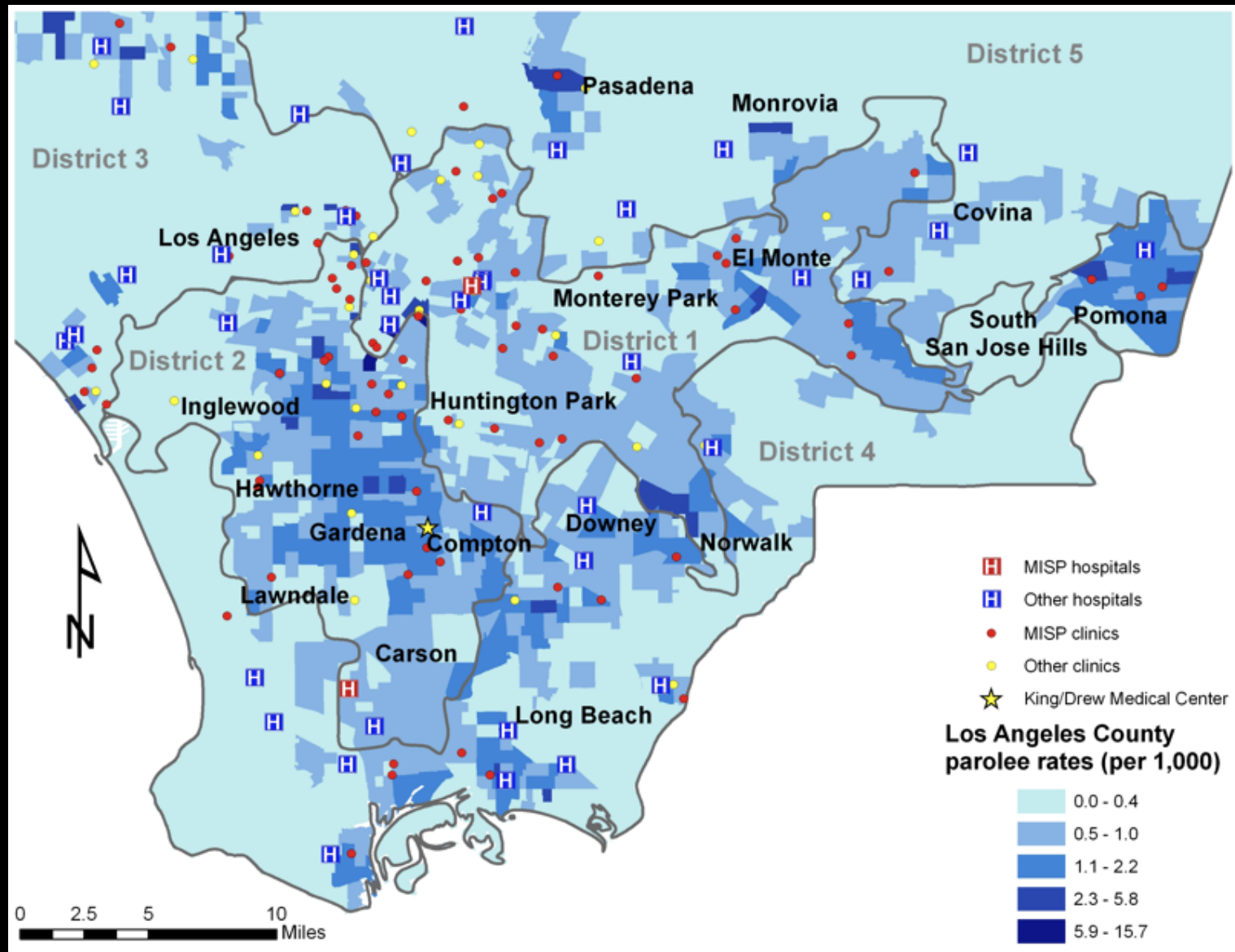
We Explicitly Defined the Healthcare Safety Net for the Reentry Population as Follows

- **Assumed most parolees would have to rely on counties' healthcare safety net providers**
- **Examined concentration of parolees and characteristics of safety net facilities in 4 counties: Alameda, Kern, Los Angeles, and San Diego**
 - **4 counties contain 32% of all parolees**
 - **Balances between northern, central, and southern California and between urban/rural counties in our comparisons**
- **Mapped distribution of safety net facilities relative to the concentration of parolees within counties**

Significant Gaps Exist Between Parolee Concentrations and Hospital Locations



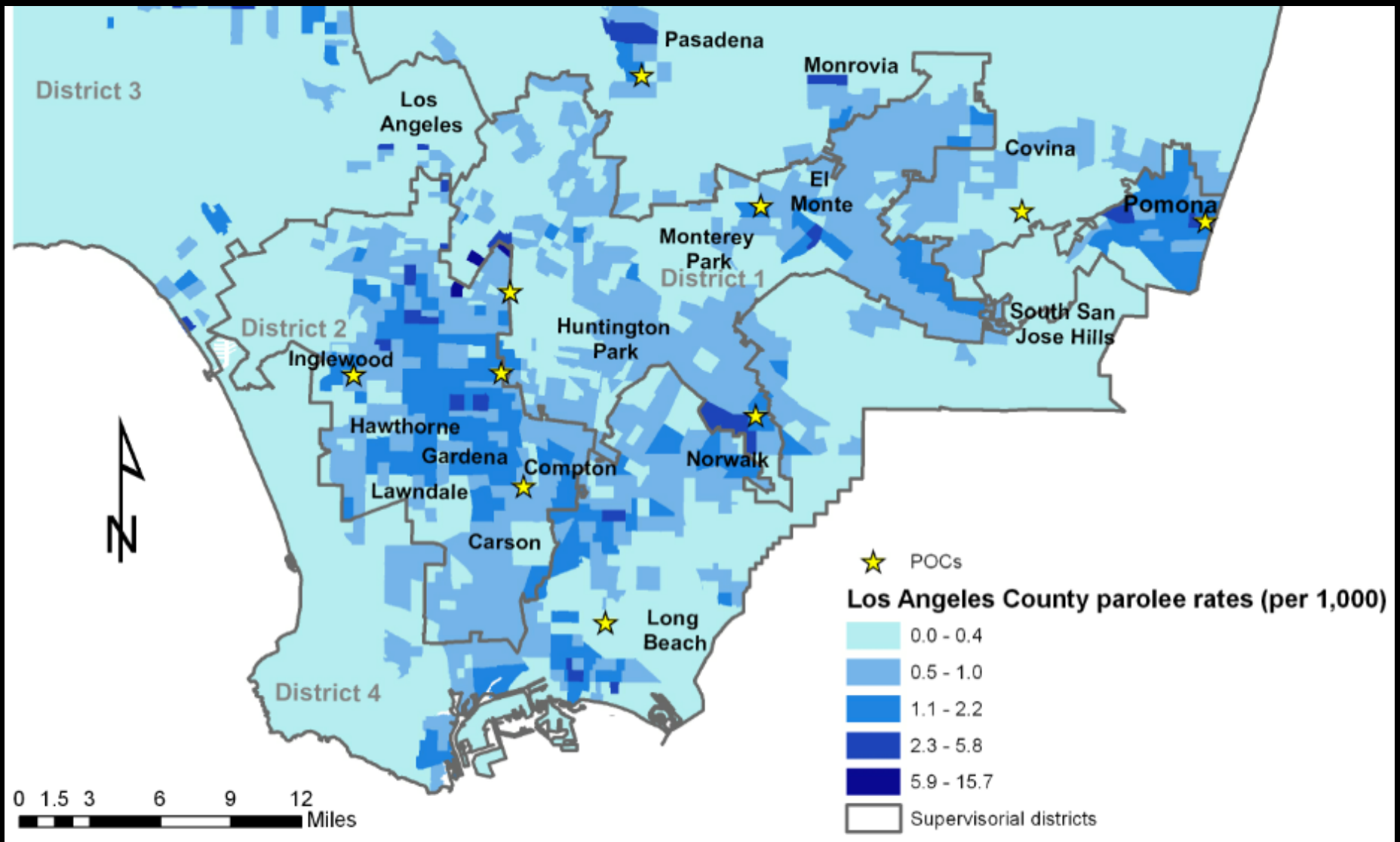
There Is Better Access to Clinics Than Hospitals



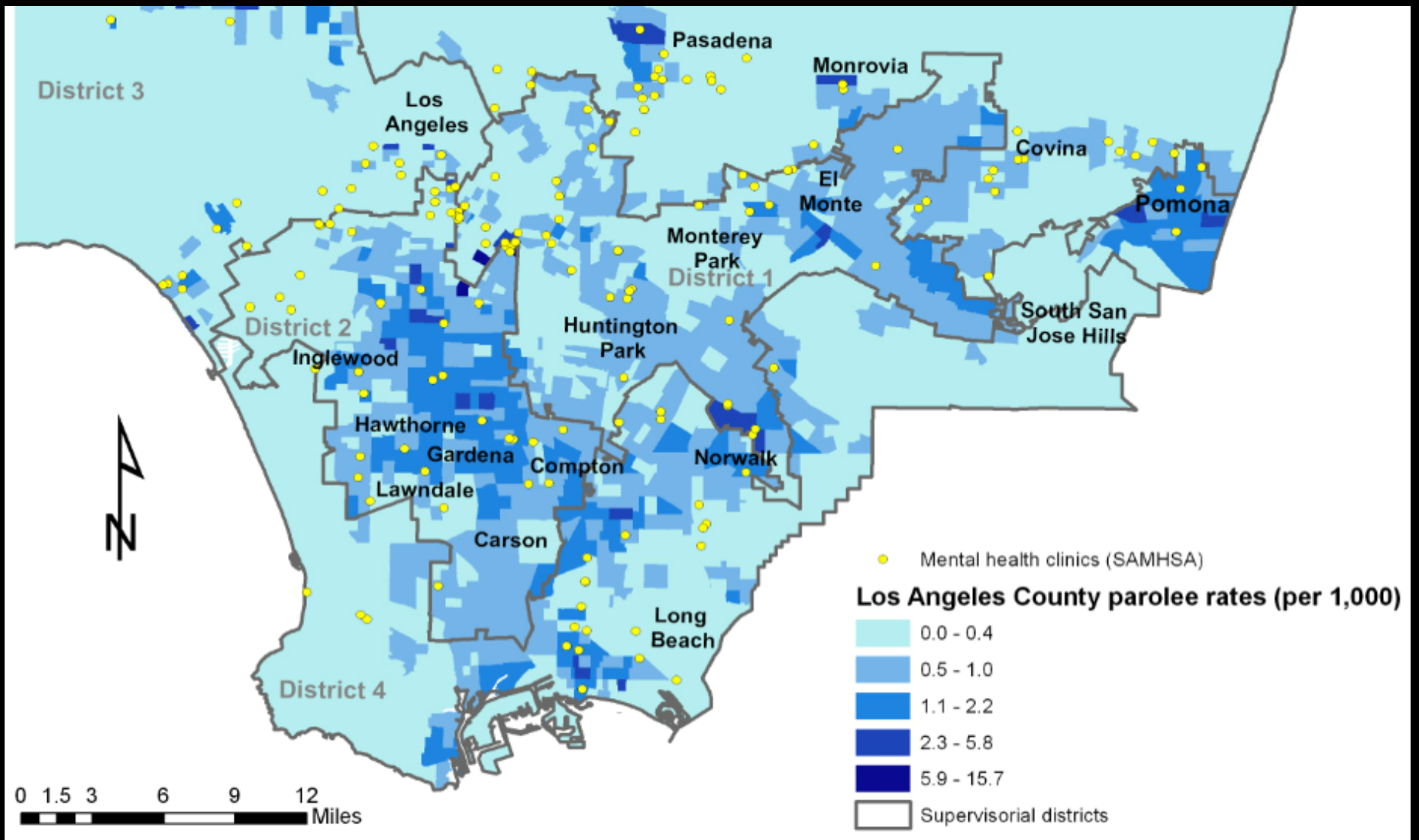
Parolees Can Use Specific MH and SA Networks

- **Parole outpatient clinics (POCs) provide basic mental health services to parolees**
- **For alcohol and drug treatment, parolees can participate in several treatment networks**
 - **Parolee Services Network (PSN) provides alcohol and drug treatment services to parolees referred by the prison treatment programs or by parole agents**
 - **Substance Abuse Coordinating Agencies' (SASCA) networks of community-based treatment providers also provide services to some released from prison**
 - **Prop 36 was an option for eligible nonviolent drug offenders**

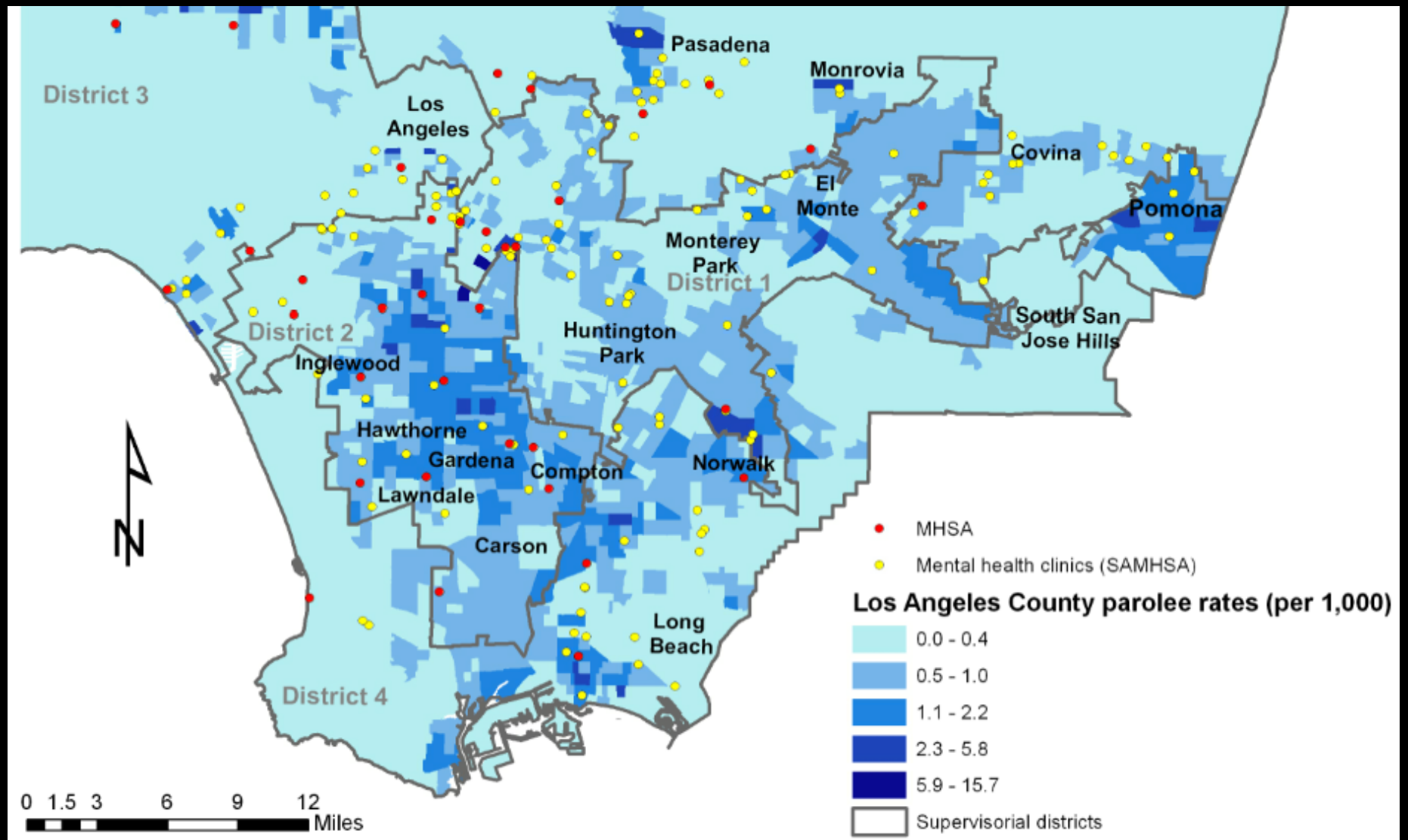
Parolees Can Get MH Help from POCs, but POCs Are Very Sparse



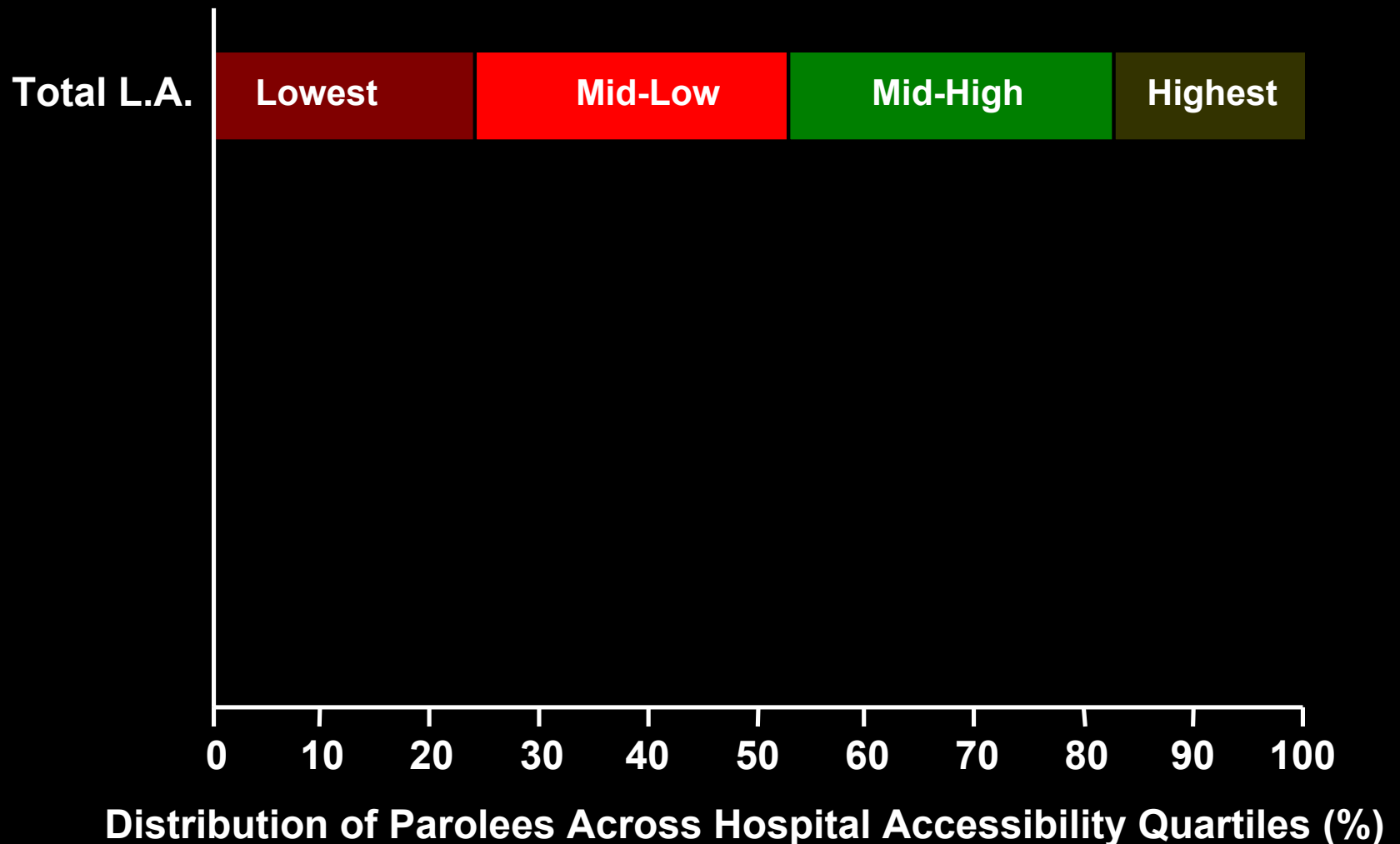
MH Clinics Are a More Viable Source of Treatment



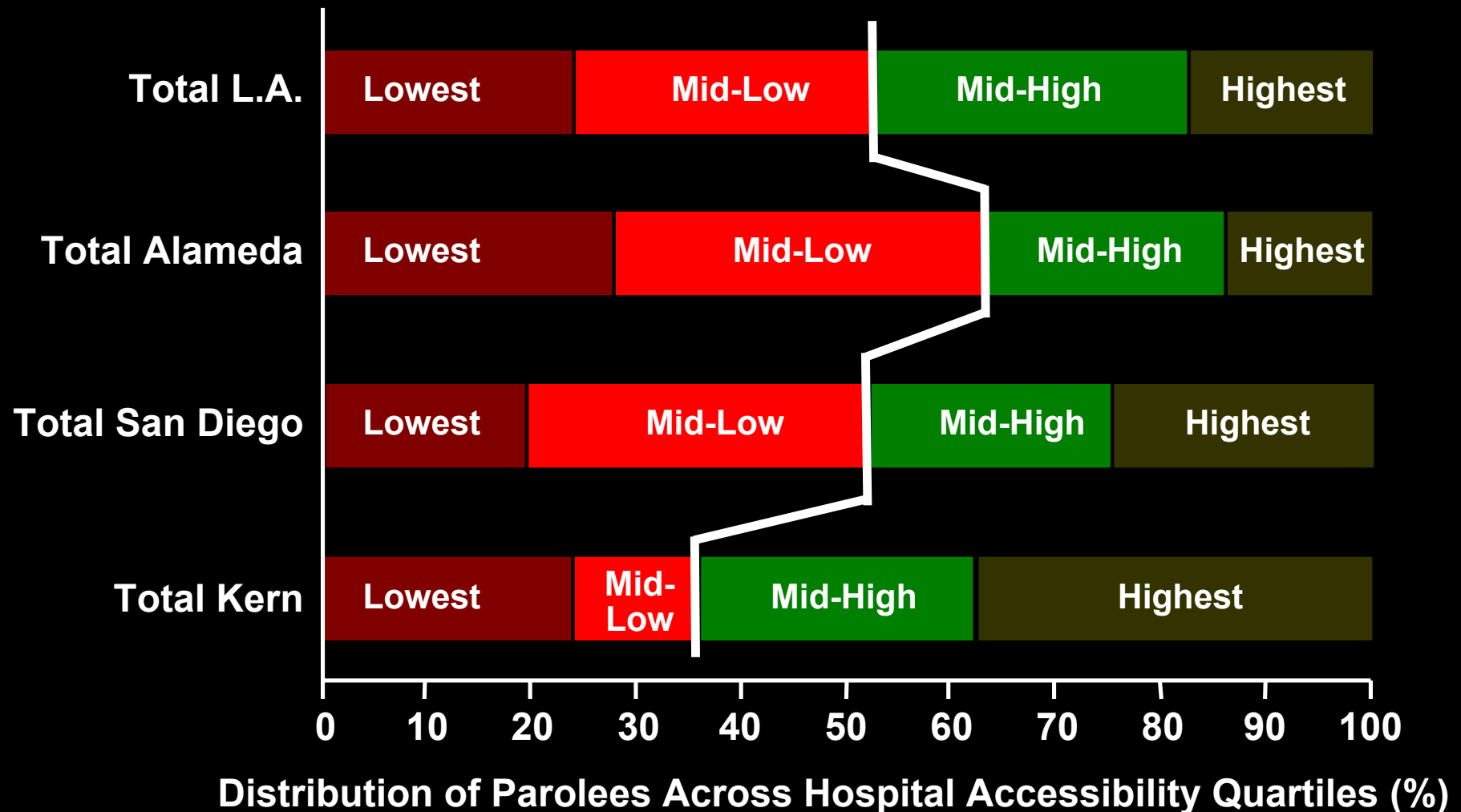
Giving Parolees Access to Prop 63 (MHSA) Clinics Would Help Fill Gaps in MH Safety Net



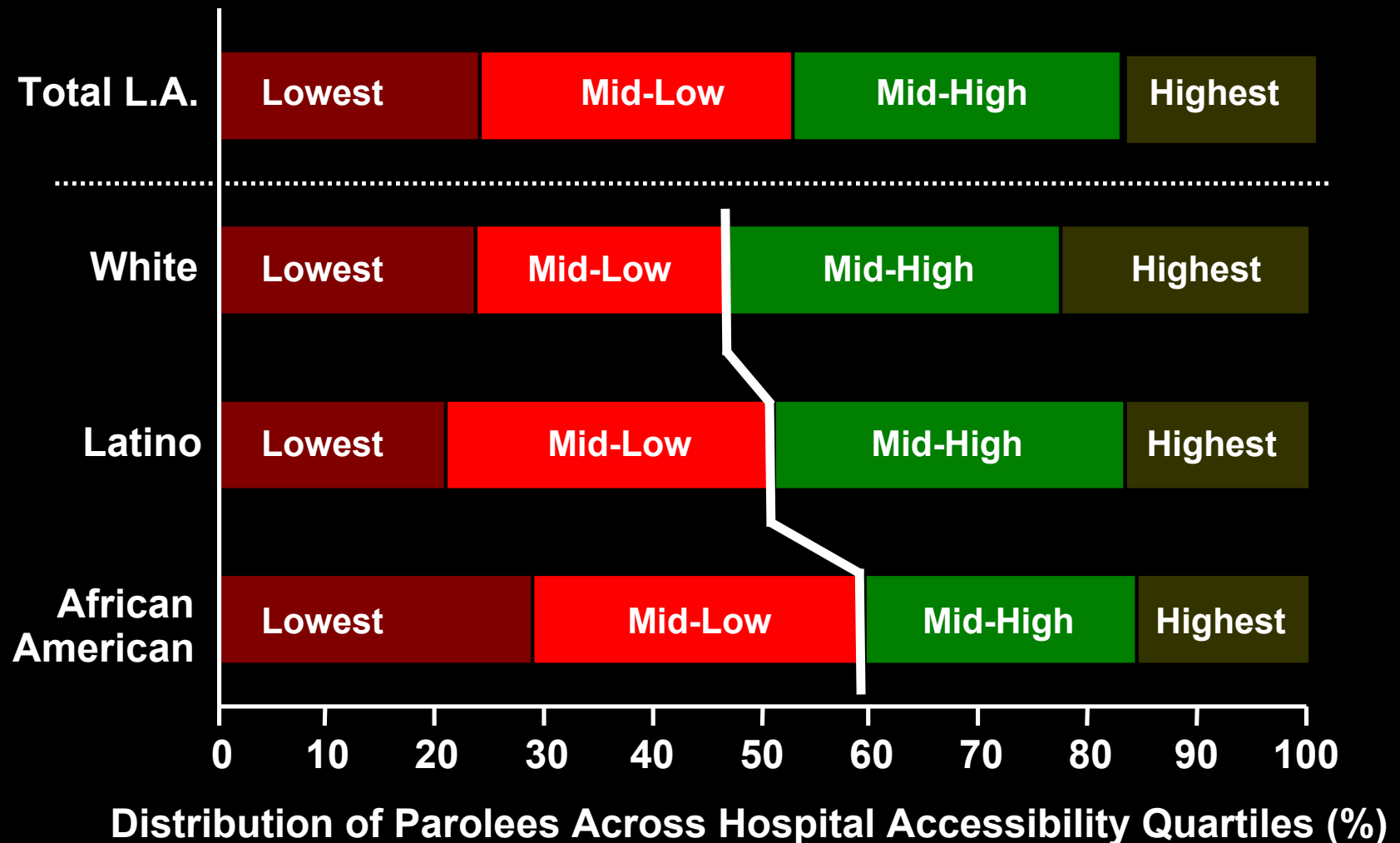
In L.A. County, About Half Parolees Have Low to Mid-Low Access to Hospitals



Across Four Counties, We See Great Variability in Parolee Access to Hospitals



In L.A. County, African-American Parolees Have Lower Hospital Access Than Latinos/Whites



What Are Implications of Safety Net Analyses?

- **Capacity of safety net varies by facility type**
 - For example, in Los Angeles, Alameda, and San Diego counties, more parolees lived in areas with relatively low levels of accessibility to hospitals
 - In all counties, community clinics appear to play a role in filling in geographic gaps in safety net
- **Accessibility also varies by geographic area (within and across counties) and by race/ethnicity**
- **Suggests variation in capacity of safety net at local level to meet the needs of reentry population**

Summary

Questions

- What are the healthcare needs of prisoners in California upon their release?
- What is the geographical distribution of state prisoners who return to local communities in California?
- What types of healthcare services are available in these communities and what is their capacity to meet returning prisoner needs?

Answers

- State inmates' healthcare needs are high; mental health and drug treatment needs even higher
- Certain California counties and communities are disproportionately affected by reentry
- Access to healthcare, MH, SA safety nets varies across counties, within counties, by facility type, and by race/ethnicity

What Are Study Implications of Variation in the Safety Net?

- **Parolees tend to cluster in certain counties and, within counties, in specific areas or neighborhoods**
 - **Some safety net providers may have disproportionately higher demands for services from this population**
- **New CDCR policies (e.g., NRP) may differentially impact public safety net in certain communities**
- **Study methodology allows analysis of needs and resources across the entire state of California**
 - **Inform discussions about allocating resources for this population**
 - **Understand interplay between CDCR-funded and other public resources for establishing collaborations**

We Are Now Working on Phase 2 of the Study

- **We will be conducting focus groups with newly released inmates and interviews with service providers in Alameda, Los Angeles, and San Diego counties**
 - **Exploring issues/challenges parolees face in meeting healthcare needs, how health affects ability to address other basic needs (employment and housing), and barriers to accessing care**
 - **Exploring with providers factors that facilitate or hinder providing services to this population and strategies for overcoming identified barriers**
- **Phase 2 report will be available early 2011**



HEALTH



Safety and Justice

A RAND INFRASTRUCTURE, SAFETY, AND ENVIRONMENT PROGRAM

Understanding the Public Health Implications of Prisoner Reentry in California, RAND TR-687;

Available at http://www.rand.org/pubs/technical_reports/TR687/

**For more information on the study, contact:
Lois Davis at Imdavis@rand.org**



RAND RESEARCH AREAS

THE ARTS
CHILD POLICY
CIVIL JUSTICE
EDUCATION
ENERGY AND ENVIRONMENT
HEALTH AND HEALTH CARE
INTERNATIONAL AFFAIRS
NATIONAL SECURITY
POPULATION AND AGING
PUBLIC SAFETY
SCIENCE AND TECHNOLOGY
SUBSTANCE ABUSE
TERRORISM AND
HOMELAND SECURITY
TRANSPORTATION AND
INFRASTRUCTURE
WORKFORCE AND WORKPLACE

This product is part of the RAND Corporation research brief series. RAND research briefs present policy-oriented summaries of published, peer-reviewed documents.

Headquarters Campus
1776 Main Street
P.O. Box 2138
Santa Monica, California
90407-2138
TEL 310.393.0411
FAX 310.393.4818

© RAND 2009

www.rand.org

Assessing Parolees' Health Care Needs and Potential Access to Health Care Services in California

Over the past 20 years, the number of individuals released from California prisons has increased nearly threefold, and most of the state's prisoners ultimately will return to California communities, bringing with them a variety of health and social needs that must be addressed. This raises key public health challenges, especially because ex-prisoners are returning to communities whose safety nets are already severely strained. To address these challenges, policy-makers need to better understand the health care needs of individuals returning from prisons and the corresponding capacity of the health care safety net in the communities to which they return.

This report addressed three research questions: (1) what are the health care needs of prisoners in California upon their release; (2) what is the geographic distribution of state prisoners who return to local communities in California; and (3) what types of health care, mental health, and substance abuse services are available in these communities, and what is their capacity to meet the needs of returning prisoners?

Health Care Needs Are High, but Mental Health and Drug Treatment Needs Are Even Higher

Using a state-level analysis of California data from a national survey of state prison inmates, RAND researchers found that such inmates bear a high burden of chronic diseases, such as asthma and hypertension, as well as infectious diseases, such as hepatitis and tuberculosis—conditions that require regular use of health care for effective management. Among inmates who reported a current medical issue, most reported seeing a physician since admission to prison. However, according to the literature on the subject, the likelihood of receiving health care upon release seems low, given barriers to accessing care and obtaining health insurance. Thus, ex-prisoners returning to communities bring

Key findings:

- California inmates' health care needs are high; mental health and drug treatment needs are even higher.
- Certain counties and communities in California are disproportionately affected by reentry.
- Access to health care and mental health and substance abuse safety nets varies across California counties, within counties, and by race/ethnicity.
- The mapping and accessibility measure approach developed for this study can help policymakers and practitioners understand the public health implications of reentry and best allocate resources and funding for this population.

a host of unmet health needs and will depend on counties' abilities to meet those needs.

Drug treatment and mental health care needs are even more pronounced. About two-thirds of California inmates reported having a drug abuse or dependence problem, but only 22 percent of those inmates reported receiving treatment since admission to prison. More than half of California inmates reported a recent mental health problem, with about half of those reporting receiving treatment in prison. Given the high prevalence of these problems among the prison population, parolees' need for services in communities may be particularly high.

Certain Counties and Communities Are Disproportionately Affected by Reentry

The study relied on geocoded corrections data for parolees released from California state prisons in

2005–2006 and cluster analysis to examine the geographic distribution of parolees and to identify concentrations of parolees across and within counties. The findings show that certain counties have higher rates of return and that, within counties, there are distinct clusters of parolees. This result has implications in terms of targeting reentry resources to these areas. Although the analysis showed concentrations statewide, the study focused on four counties that received one-third of the total parolees: Alameda, Kern, Los Angeles, and San Diego.

In Alameda County, almost 45 percent of the returning parolee population is concentrated in five distinct clusters, primarily around Oakland and the northern section of the county. In Kern County, there are four distinct clusters of parolees, with concentrations around the urban area of Bakersfield and two other areas in the northern and north-eastern sections of the county; these clusters account for almost 58 percent of parolees. In San Diego County, there are eight clusters that account for nearly half the parolee population, with the largest clusters in Downtown San Diego and Southeast San Diego. Unlike in the other counties, Los Angeles County has 23 distinct clusters of parolees covering a large geographic area but accounting for only 35 percent of the total county parolees. This dispersion suggests that providing services to the reentry population requires a targeted approach within the various supervisorial districts and service planning areas (SPAs).

Analysis also shows that, in California, African-American and Latino parolees, in particular, tend to return to disadvantaged neighborhoods and communities, defined by high poverty rates, high unemployment rates, and low educational attainment.

Access to Safety-Net Resources Varies Substantially

The study drew on facility data for hospitals, clinics, mental health services, and substance abuse services to characterize the respective safety nets that serve the uninsured and the parolee population in the four chosen counties. The findings show that parolees' access to health care resources varies by facility type (hospitals, clinics, mental health services, and alcohol and drug treatment services), by geographic area (across and within counties), and by race/ethnicity. One issue that stands out in the three large urban counties—Alameda, Los Angeles, and San Diego—is that most parolees reside in areas with the lowest levels of accessibility to general acute care hospitals, with Alameda County having the largest share of parolees in areas with the lowest levels of accessibility. In all the counties, community clinics appear to play an important role in filling gaps in coverage by medically indigent service providers (MISPs) vis-à-vis the reentry population.

Still, the findings for all four counties reveal that some important geographic gaps in access to health care resources remain, given the distribution of parolees. Some of the most prominent gaps appear in Los Angeles County (as shown in the figure), where certain supervisorial districts with high concentrations of parolees (shown in the darkest shade of blue) have sparse hospital and clinic resources, including MISP hospitals, other general acute care hospitals and other public hospitals (shown as other hospitals), MISP clinics, and other primary care and public-private partnership clinics (shown as other clinics). The most striking gaps are in District 2, which covers the area called Southern Los Angeles and includes Martin Luther King/Charles R. Drew Medical Hospital (shown as the star), which closed in 2005.

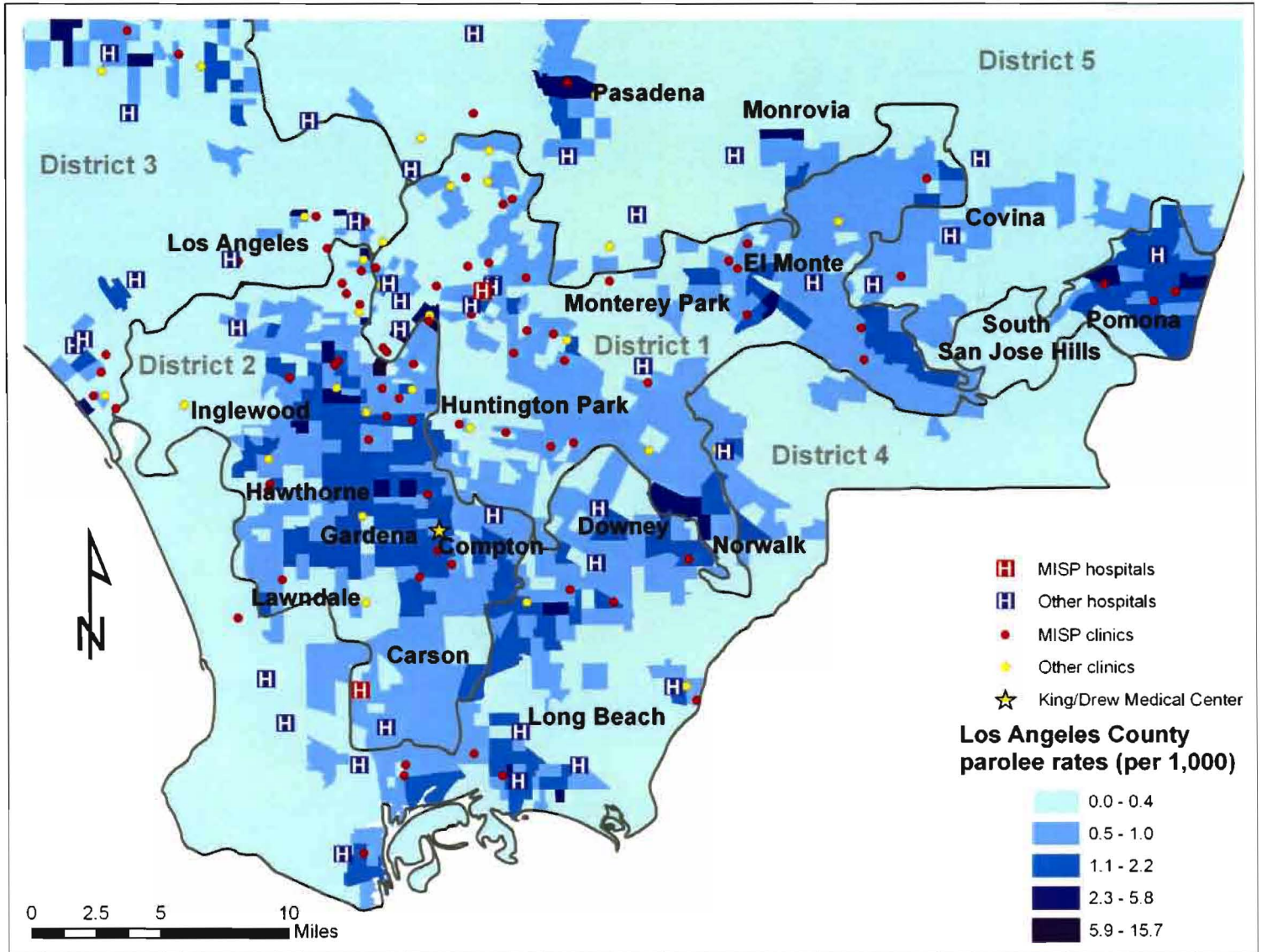
To determine accessibility to health care resources, the RAND researchers developed measures based on capacity, demand, and distance. Capacity was measured by using full-time equivalents (FTEs) for facilities, when available, and the assessment of demand accounted for the fact that parolees are not the only populations drawing on these facilities. Distance was measured in terms of a 10-minute drive time to facilities, assuming that this population would be less mobile and more reliant on public transportation.

The table shows an example of hospital accessibility for Los Angeles County. Overall, more than half of the parolees reside in areas with either the lowest or mid-lowest levels of accessibility to hospitals; there is also variation by parolees' race/ethnicity. For example, in terms of accessibility to hospitals in Los Angeles County, more African-American parolees live in areas with lower accessibility than do Latino or white parolees. By way of comparison, Alameda County has a similar pattern, but in Kern and San Diego counties, more Latino parolees reside in areas with lower accessibility to hospitals than do white and African-American parolees (not shown).

With regard to mental health resources, a larger share of parolees in Kern and San Diego counties live in areas with the two lowest levels of accessibility than do parolees in Alameda and Los Angeles counties. In terms of accessibility to alcohol- and drug-treatment providers, the opposite is true. Only about a third of parolees in Kern and San Diego counties live in areas with the two lowest levels of accessibility, compared with between 42 and 44 percent of parolees in Alameda and Los Angeles counties, respectively.

Accessibility to mental health care and alcohol- and drug-treatment resources also varies by race/ethnicity. For example, in Kern and San Diego counties, roughly 84 percent of African-American parolees live in areas with higher accessibility to alcohol- and drug-treatment resources, compared with only 60–65 percent of Latino and white parolees. In Los Angeles County, about 50 percent of African-American and Latino parolees and 60 percent of white parolees live in areas

Gap Between Parolee Concentrations and Health Care Resources: Southern Los Angeles County



Distribution of Parolees (Percent) Across Hospital Accessibility Levels: Los Angeles County

Level of Accessibility to Hospitals	All Parolees (n = 35,710)	African-American Parolees (n = 12,885)	Latino Parolees (n = 14,921)	White Parolees (n = 6,671)
Lowest accessibility	24	29	21	24
Mid-low accessibility	29	31	30	23
Mid-high accessibility	30	25	33	30
Highest accessibility	17	15	16	23
Total	100	100	100	100

NOTE: The "other" race/ethnicity group (n = 1,233) is not shown.

with higher accessibility. In Alameda County, there are smaller differences in accessibility to these resources by race/ethnicity.

For mental health care and drug and alcohol treatment, separate networks provide services to the parolee population and serve as the initial safety net for them. But both

networks have very limited capacity, suggesting that many parolees may not be receiving these services and that most of the reentry population must rely instead on treatment resources available to the uninsured and low-income populations in a county.

Implications

The analysis of the distribution and concentration of parolees in California showed that there are distinct clusters across the state and that, within counties, parolees tend to cluster in certain communities and neighborhoods. Such clustering has implications for developing strategies to provide health care services and other resources to parolees and to better link this population to needed services. That parolees in more rural counties tend to be more dispersed suggests that a different strategy for providing health care services to these individuals is needed. Also, Los Angeles County (with the largest proportion of parolees) is a combination of both urban and more sparsely populated areas. The county's large number of distinct parolee clusters cover a broad geographic area. This suggests the need to tailor strategies for providing services to the parolee population by supervisorial district and SPA.

In addition, the fact that African-American and Latino parolees, in particular, tend to return to disadvantaged neighborhoods and communities suggests that reentry in these communities will be even more challenging because the parolees' needs for health care, housing, employment, and other services will be harder to meet.

Furthermore, because community clinics play a large role in filling geographic gaps in the safety net, one strategy to improve the level of accessibility in areas with high concentrations of parolees would be to fund more community clinics. Then again, in the current economic crisis, safety-net providers will become even more stressed. As California considers options for reducing correctional costs by releasing more parolees or offenders without conditions of parole, it is important to assess the health care impact of these decisions. Community clinics and hospitals, particularly in areas with high concentrations of parolees and where few other community resources exist, will be especially affected.

There is also a need to consider how to better integrate the different networks of substance abuse treatment services and assess where greater investments may be needed. Investing in improving access to these services in communities where parolees are concentrated may yield long-term benefits when it comes to improving the chances of successful reentry,

including positive treatment and criminal justice outcomes. Policymakers may also consider ways to improve access to county alcohol- and drug-treatment services.

Like the substance abuse safety net, the mental health one comprises a patchwork of networks. Parole Outpatient Clinics (POCs) are an important initial source of mental health care for parolees and, at least in one of the four focus counties, serve as the gatekeeper to accessing county mental health services. Coupled with prerelease assessments, POCs have been shown to contribute to lower recidivism rates among mentally ill offenders. However, the study found that there are relatively few POCs in the four counties and that many parolees have to travel far to access these services. Further, anecdotal information suggests that some POCs may see cutbacks in staffing, given the current economic crisis.

It is also important to assess policy and institutional barriers that may prevent access to needed services. One area worth assessing is the POC gatekeeper role. From a health services perspective, this may undermine parolee reentry efforts, because some POCs are understaffed and have long waiting lists. Also, anecdotally, it appears that parolees have a strong disincentive to report mental health problems to their parole officer for fear of being considered at high risk of recidivism. These types of policy and institutional barriers will be examined in more depth in the study's second phase.

Finally, beyond these specific research-related implications, the approach of mapping parolee clusters in the context of the safety net and accessibility to health care resources is an important step, not only in helping policymakers and practitioners understand the public health implications of reentry, but also in helping them best allocate and fund resources for this population. These measures provide an indication of how potential access to safety-net resources varies within each county for the parolee population. The approach to measuring accessibility was independently validated by comparing how well the measures correlated with measures of medically underserved areas and populations in California. These results provide confidence that the measures are robust and can serve as a useful planning tool. ■

This research highlight describes work done for RAND Health and RAND Infrastructure, Safety, and Environment documented in *Understanding the Public Health Implications of Prisoner Reentry in California: Phase I Report*, by Lois M. Davis, Nancy Nicosia, Adrian Overton, Lisa Miyashiro, Kathryn Pitkin Derose, Terry Fain, Susan Turner, Paul Steinberg, and Eugene Williams III, TR-687-TCE (available at http://www.rand.org/pubs/technical_reports/TR687/), 2009, 218 pp. This research highlight was written by Paul Steinberg. The RAND Corporation is a nonprofit research organization providing objective analysis and effective solutions that address the challenges facing the public and private sectors around the world. RAND's publications do not necessarily reflect the opinions of its research clients and sponsors. RAND® is a registered trademark.

RAND Offices

Santa Monica, CA • Washington, DC • Pittsburgh, PA • New Orleans, LA/Jackson, MS • Boston, MA • Doha, QA • Cambridge, UK • Brussels, BE

CHANGE MAKER

REV. EUGENE WILLIAMS III

In the 1960s, no one could have predicted that Eugene Williams would become a “preacher’s preacher,” a celebrated community leader, and instrument of change. In fact, they might not have predicted he would ever leave the Philadelphia public housing project where he was raised, his mother a single mom, his father addicted to heroin. But Eugene had blessings in life as well as hardship. His mother was strong, hardworking and a budding community organizer. His father was terrifically smart. While Eugene learned a lot about gangs and drugs, he also learned to see the potential in everyone he met, seeming to vault effortlessly over barriers of age, race, gang and neighborhood.

As a young man, a stint in the Navy and six months training with Catholic community organizers helped him to set a path for his life. He began work as an organizer and became the youngest assistant craft director in US post office history. In the late 1980s, he was tapped as a senior policy advisor for former mayor, now Pennsylvania Governor, Ed Rendell. In the early 1990s, three Los Angeles ministers asked him to come to L.A. to help them realize a dream. They saw the untapped potential in the small to mid size black churches of South L.A. Historically, the black church had been a bastion of strength in the African-American community, but these congregations were disorganized and struggling. The congregants were hobbled by poverty, unemployment, substance abuse and incarceration. Eugene had a vision of linking isolated churches into a faith-based network, extending their ministry beyond the four walls of the church, providing desperately needed community services, while learning to flex political muscle and make lasting change.

In 1994, L.A. Metropolitan Churches (LAM) began with 17 member-churches led by the newly-ordained Reverend Eugene Williams. Today, LAM has 50 churches in its network. Some pastors still don’t understand why a man like Eugene, someone with formidable oratorical and analytic gifts, a minister who could build a mega-church if he wanted, chose to work with small, struggling congregations.

From the beginning, his leadership was analytic, pragmatic and bold. He wasn’t afraid to admit that African-Americans had been handed a raw deal. But his analysis never stopped there. He wasn’t interested in victimization or polarization. He wanted to know how to solve the problem. He took risks. He didn’t rely on what “sounded right.” He wasn’t an ideologue. He wanted to know what would get the job done.



The key to our empowerment is rooted in the image and interests of our people!

Shoring up the strength of the member-churches was urgent, so LAM opened access to a multi-million dollar funding pool to help church leaders rehabilitate their churches. Collaborations between churches and schools could provide desperately needed services for kids, so LAM launched the *One Church One School* initiative in which local congregations adopted an elementary school and provided volunteer tutoring and training. Many of the ex-offenders in South Los Angeles lacked basic literacy skills so LAM won a statewide GED Initiative that provides literacy training to parolees. Ex-Offenders needed temporary housing and jobs, so LAM incubated an “action network” that began to provide assistance to some of the tens of thousands of ex-offenders released in L.A. County each year. Ex-offenders’ families needed help battling phone companies “reach out and gouge someone” surcharges, extra costs routinely tacked onto offender’s collect calls to family, so LAM got the surcharges reduced. The success in L.A. was so inspiring, sister organizations sprang up in San Diego and the Inland Empire.

Rev Eugene Williams is a leader who sees the upside of people who are down. He is an organizer eager to understand and engage power, an intellectual who can turn abstract ideas into tangible solutions to pressing community problems, a clergyman who understands that God’s will is expressed when people work for and with each other.

Executive Summary

Regional Congregations and Neighborhood Organizations (RCNO) since 2004 has partnered faith-based and community organization affiliates Bay Area Action Council (BAAC) in Alameda County, the Los Angeles Metropolitan Churches (LAM) and People Serving a Larger Mission (PSALM) in Los Angeles County, San Diego Area Congregations for Change (SACC) in San Diego County, Congregations Organized For Prophetic Engagement (COPE) in San Bernardino and Riverside County, and the Solano County Policy Collaborative in Solano County to formulate, cultivate and implement California Public Health Reentry Policy. These Californians have worked together with elected representatives, public health and safety officials, law enforcement, the University of Southern California and the RAND Corporation to determine the public health and safety challenges presented by residents returning to from California prisons and jails. They have together established Public Health Task Forces designed to facilitate communication, education and cooperation among public and private organizations to meet Reentry challenges in politically, economically and socially diverse California communities. Each Task Force has developed recommendations and strategies to increase public health services.

The Federal Courts mandated in 2009 that the State of California reduce its prison population to meet Constitutional requirements. The State will release 44,000 inmates from California prisons in the next two years. Overcrowded prisons with inadequate healthcare services have fostered communicable diseases like HIV/AIDS, Hepatitis C, Tuberculosis and other conditions among inmates with the potential to devastate vulnerable families in fragile communities in fiscally stressed Counties that are ill-prepared to receive them or meet their healthcare needs.

RCNO has consulted diverse public servants like San Diego District Attorney Bonnie Dumanis, Los Angeles Sheriff Lee Baca, Los Angeles Mayor Antonio Villaraigosa, California Assembly Speaker Karen Bass, Assemblyman Isadore Hall III and the California State Association of Counties among others to propose practical, sensible innovation and investment in faith organization capacity as “First Responders”. These organizations are well situated to help mitigate natural and man-made disasters like Public Health Reentry from becoming catastrophes.

RCNO’s initiative provides legislators, their staffs, committee consultants and administration officials with an evidenced based, citizen view of the public health and safety challenges associated with Reentry. RCNO’s contribution is invaluable in an era of term limits, which limit legislators’ opportunity to enact comprehensive corrections reform to improve public health, public safety and to secure California’s fiscal future.

Initiative Genesis

Regional Congregations and Neighborhood Organizations (RCNO) initiated its Public Health Reentry Policy campaign in 2004 after a young woman testified at an HIV awareness meeting at the Christ Full Gospel Baptist Church in Los Angeles.

“I have a problem and don’t know what to do. A young man came to our church after spending several years in prison. I had not had a relationship in six years. We became friendly and ultimately got engaged. We had unprotected sex. I went for my check-up recently and found out that I am HIV positive. I confronted him and he left the church. I cannot have this conversation with my pastor because he would admonish me for having sex outside of wedlock. I don’t know what to do.”

RCNO staff requested information from the CDCR Undersecretary. RCNO discovered that:

- A. The CDCR does not mandate HIV/AIDS testing.
- B. The CDCR does not provide the names of inmates who test positive to the county of record.
- C. This non-disclosure practice violates state health codes¹ (SB 699 (Soto)).
- D. The CDCR’s Healthcare Department was under threat of federal receivership.
- E. A Federal Court eventually placed the healthcare department in receivership.
- F. The State of California is now compelled by a federal court order to reduce the inmate population by 44,000.

RCNO’s Response:

- A. RCNO formed task forces in five counties to develop recommendations to increase public health services to residents returning from state prison and Alameda, Los Angeles, San Bernardino, San Diego and Riverside County jails.
- B. RCNO engaged the RAND Corporation to research and analyze the reentry public health impact on county healthcare safety nets.

¹ A: SB 699 (Soto), which requires health care providers and laboratories to report HIV infections by name to the local health department, was passed as an urgency measure. Governor Schwarzenegger signed SB 699 into law on April 17, 2006. Therefore, health care providers and laboratories must begin reporting HIV cases by name immediately, effective April 17, 2006.

C. RCNO forwarded the task force recommendations and independent research findings to the California State Legislature.

Outcomes:

- A. RCNO's efforts helped to produce Public Health Reentry Task Forces in Alameda Los Angeles, Riverside, San rnardino and San Diego County.
- B. Public Health Reentry Task Force Recommendations are completed in Alameda, Los Angeles and San Diego County.
- C. San rnardino and Riverside County Task Forces are now at work.
- D. Solano County is forming its Public Health Reentry Task Force.
- E. The RAND Report is an invaluable information asset.
- F. Select Committee Hearings are scheduled.

Public Health Reentry Task Force Initiative

RCNO launched task forces in five California counties that are significantly challenged by Reentry. RCNO's county selection factors included:

- 1. Counties with large numrs of returning residents.
- 2. Counties that varied in size.
- 3. Counties that varied politically. Political diversity among the Counties helped to demonstrate the statewide nature of the challenge that confronts Californians all along the political spectrum.

RCNO and its faith-based affiliate, The Los Angeles Metropolitan Churches (LAM) initiated the Los Angeles Task Force formation by garnering support from County Supervisor Yvonne Burke in 2004. Supervisor Burke leveraged representation from public health officials, public safety officials, drug and alcohol treatment officials, FBO's and CBO's.²

² See LA recommendations

RCNO's San Diego FBO- affiliate, San Diego Area Congregations for Change (SACC), initiated the San Diego County Task Force formation by securing Public Safety Director Harold Tuck's support in 2006.³

RCNO and its Alameda County affiliate, Bay Area Action Council, secured a commitment from County Supervisor Nate Miley and Public Health Director Dr. Tony Iton in 2007 to form the Alameda County Task Force. RCNO/BAAC staffed Alameda's Task Force in partnership with the Urban Strategies Council and the National Trust for African American Men.

RCNO's Inland Empire affiliate, Congregations Organized for Prophetic Engagement (COPE), secured support from the Board of Supervisors in Riverside and San Bernardino County.

Faith-Based Motivations

RCNO's faith- based network advanced its policy campaign to meet returning residents' needs, to protect the communities that receive them, and to protect the integrity of FBO - institutions. Large numbers of formerly incarcerated persons seek assistance from faith institutions. The increasing number of assistance requests threatens to overwhelm and destabilize fragile faith institutions. Additional motivations included:

- A. Compassion and service are part of FBO's core mission.
- B. FBO's are strategically located in California communities.
- C. FBO's are committed to improving public health and public safety.
- D. FBO's are de facto "First Responders" to natural and man- made disasters.
- E. FBO's promote resiliency in communities where their members live, work and worship
- F. FBO's seldom turn away anyone seeking assistance.

Documentation and Evidence Based Strategies

³ See San Diego recommendations

RCNO's initiative was informed by literature reviews, a statewide communications plan, and informant surveys. RCNO documented the implementation processes and its outcomes.

The University of Southern California Center for Religion and Civic Culture (CRCC) conducted a literature review to inform the Los Angeles and San Diego County Public Health Reentry Task Forces. (see attached) The Urban Strategies Council reviewed the literature to inform the Alameda County Public Health Reentry Task Force.

The USC Center for Religion independently documented the San Diego Public Health Reentry Task Force implementation process. (see attached)

Spitfire Strategies, a national media consulting firm, developed a statewide communications plan to support the RCNO's policy initiative implementation efforts. The plan included:

1. A Media audit.
2. Polling Review.
3. A Case Study of SB 618.
4. A Policy Access Points Survey.
5. Stakeholder Interviews

Survey findings indicated that most "Americans support services for ex-offenders that lessen the chances that they will re-offend." Survey results also indicated that RCNO's faith-based network had strong relationships with key legislators, members of the public health and public safety community, black churches and other faith groups.

RCNO contributed to a May 10, 2007 series of recommendations from the California Conference of Local Health Officers (CCLHO) to Medical Receiver Rort Sillen. The recommendations articulated the need for greater collaboration between the California Department of Corrections and Rehabilitation (CDCR) Healthcare Department and California county public health departments. (see attached)

The Faith Factor

The Alameda County Public Health Department commissioned RCNO and the Bay Area Action Council (BAAC) to survey faith-based reentry investments in West Oakland, East Oakland and Hayward. (see attached) The survey identified 390 transitional housing ds and 22 counseling and supportive services. None of these investments were listed in the county's human service inventory. None receive public support.

FBO reentry investments demonstrate a significant commitment to improving public health, safety and family reunification. Survey results also inform California policy makers, affording them an educated opportunity to mitigate the public health and safety impact of 44,000 residents returning from prison over the next 24 months.

A majority of FBO's operate their facilities to respond to a ministry need. Some are unaware of state regulations and/or city codes governing transitional housing operations. RCNO recommends that state, county and city public decision makers invest in FBO provider capacity to compete for transitional housing programs. Capacity investment promises significant public health and safety nefits. Capacity building investments will bring an additional 1,000 transitional housing units into Alameda County's human service inventory. One thousand new ds will accommodate most of the 1,200 offenders that are expected to released into Alameda County during the next year.

The Los Angeles Metropolitan Churches conducted a similar inventory. It identified 443 housing units. LAM's inventory also identified Building and Safety Code compliance issues that needed resolution.

Single Points of Reentry: A Strategy for improving public safety and promoting successful reentry

FBO's need legislative assistance to establish Single Points of Reentry- demonstration projects in Alameda, Los Angeles, San Diego and Solano County. Single Points of Reentry enable FBO and CBO partners to maximize their human and financial resources to mitigate the reentry impact in the communities receiving large numbers of returning residents.

No public official or agency is given the primary responsibility for successful reentry. FBO's are forced to assume this responsibility by default. The CDCR, public health departments, hospitals and even elected officials cite fiscal constraints and public safety reasons for not meeting the reentry population needs. FBO's cannot turn them away. Communities, families, offenders and elected officials all expect FBO's to respond. Failure to respond undermines the integrity of FBO's core mission.

RCNO has identified partners in each county with the capacity, track record and experience to function as a Single Point of Reentry. In Alameda County, Healthy Communities currently functions as a single point of reentry. Healthy Communities operates the first African American faith based community clinic in California.

RCNO has identified Special Services for Groups/Community Assessment Service Center as a Single Point of Reentry. SSG/CASC currently serves reentry and homeless populations. It provides screenings, behavioral health services and other "wrap-around" services.

RCNO has identified Second Chance in San Diego County. Second Chance, founded in 1993, is committed to breaking the cycle of unemployment, poverty, homelessness, substance abuse and incarceration that plagues San Diego. Second Chance offers job readiness training, job placement, affordable housing, mental health counseling, and case management to men and women who are committed to change their lives.

The 1115 Hospital Waiver: An opportunity to reduce hospital costs and county indigent care costs

The 1115 hospital waiver process provides legislators with an opportunity to mitigate the public health impact of the 44,000 residents returning from state prison during the next 24 months. Alameda County, Los Angeles County, and Solano County have developed a Memorandum of Understanding (MOU) to establish health portal demonstration projects to meet the needs of Medically Indigent Adults (MIA's) that tend to use emergency rooms for their primary care. Health portals are alternative primary care access points.

County hospital and private hospital emergency room costs are unsustainable. The 44,000 residents returning from California corrections institutions will exacerbate the problem. Health portal demonstration projects will allow California counties more flexibility in meeting this population's healthcare needs while reducing pressure on emergency rooms. The portal demonstration project will be revenue neutral.

Congregations as First Responders: Formal Government Recognition of the Critical Role That Faith- Base Organizations Play in Responding to Natural and Man-Made Disasters

Californians expect FBO's to respond to natural and man- made potential disasters like reentry. FBO's act without resources they need to respond effectively. Governments and citizens misperceive faith organizations as adequate replacements for dismantled public health and social safety nets. These expectations are unrealistic. FBO's are not the ultimate answer to California's public health, public safety and fiscal challenges.

FBO's have demonstrated their willingness to partner with public health agencies. However FBO's need formal government recognition to respond effectively. Formal recognition will enable FBO's to assist the public sector in preventing disasters from becoming catastrophes. (see attachment)

Governor Arnold Schwarzenegger and California Emergency Management Agency Secretary Matthew R. Bettenhausen have taken initial steps. CALEMA recently awarded the USC Center for Religion a grant to assess FBO's first response capacities. The

assessment will inform strategies to cultivate FBO capacity and increase First Response footprints in California counties.

Legislative Requests

- A. To increase public health funding to counties to meet the public health needs of 44,000 residents returning from state prison.
- B. To Support Health Portal Demonstration Projects in Alameda, Los Angeles and Solano County as part of the 1115 Hospital Waiver Application. We encourage the State Legislature to work with Governor Schwarzenegger to include the Health Portal Demonstration Project innovation in the State's Federal Medicaid Waiver Application.
- C. Include counties in any bond-fix of the CDCR healthcare system.
- D. To fund FBO- Single Point of Reentry- demonstration projects in Alameda, Los Angeles, San Diego and Solano County. Mechanisms are in place to facilitate, innovate and evaluate the implementation process.
- E. To Fund the RCNO/USC FBO "First Responder" implementation project.

Congregations as 'First-Responders' to Natural and Man-Made Disasters

RCNO Training Center & USC Center
for Religion and Civic Culture

August 2009

Formal Governmental Recognition of FBO's as First
Responders: Necessity, Opportunities and Benefits

Why Formal Governmental Recognition?

CURRENT...

- Opportunistic
- Treats all FBOs as the same
- Recruits individual volunteers from congregations
- Operating in a data-vacuum related to congregations
- Non-standard
- Not officially recognized

POSSIBLE...

- Intentional
- Develops solutions across different types
- Treats congregations as units, part of a system
- Making decisions using multi-layered data
- Core competencies
- Supported by policies

**FBO-stands for Faith-Based Organizations. Used interchangeably with congregations throughout*

Why Formal Governmental Recognition?

- Information gap exists
 - Cities and Counties don't know about their constituencies
 - Underserved communities are largely unaware of gaps, assets and opportunities for collaboration
- A large scale disaster will overload existing infrastructure
 - Some communities may not receive assistance for up to 3 weeks, according to LA City officials
 - Traditionally non- strategic communities are vulnerable (disaster could become a catastrophe)
- Congregations and FBOs are strategically located
 - Located in every section of the county

Why Formal Governmental Recognition?

- Compassion is a part of FBO DNA
 - They show they will respond (increased First Response footprint)
- Investing in programs/training for FBOs will help them respond effectively
 - FBO- First Response baby is not full grown at birth
- Formally recognizing FBOs will strengthen existing county efforts
 - FBO official engagement/designation as “first-responders” could mean more federal dollars to states

Why Formal Governmental Recognition?

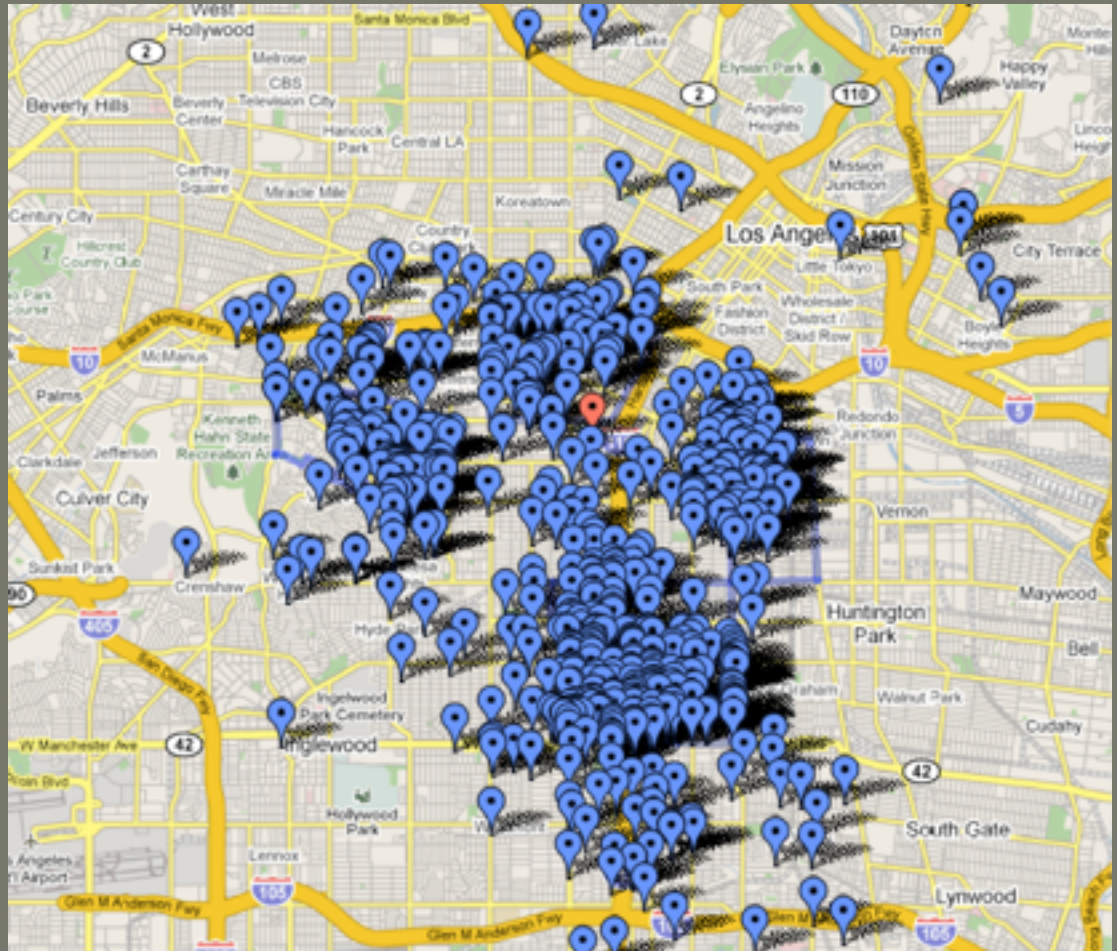
- Codify existing public expectations of FBO's
- Increase public decision-makers' awareness and emphasis on FBO's in policy formation & preparedness planning
- Establish bureaucratic procedures and practices to strategically maximize FBO investments

Beyond A Volunteer-Base

- Many government-driven efforts are focused on recruiting individual volunteers from congregations
- Need to focus on congregations as institutions/units
- Need to systemize involvement of congregations
 - Analyze/assess their assets and capacities
 - Create programs that focus on core competencies related to disaster response
 - Officially recognize them as 'first-responders'

Congregational Assets

- Ubiquitous
 - 12,000 in five-county area
 - 67 in one square mile in MacArthur Park
- Strategic locations in every area throughout the state



**Map of congregations in three Gang-Violence Youth Development Zones in LA by USC Center for Religion and Civic Culture, Summer 2009. Red dot is USC's main campus.*

Congregational Assets, cont'd

Access- Language, Demographics, and Networks

- Language and cultural competencies
- Ability to reach those on the margins
- All immigrant groups have their congregations
- Multi-generational
- Phone trees/communications networks across cities
- Networks across the country/ international
- Serve as a destination for information and services
- Can work with the media/have media relationships

Congregational Assets, cont'd

Human, Material, Spatial Resources

- Members are professionals, tradespeople, care-givers
- Transportation- vans, buses
- Space- buildings, parking lots
- Money

Moral Capital

- Recognized moral authority- promote calm
- Mandate to help

Congregational Assets, cont'd

Facilitate *Community Resiliency*

- Hope and Compassion part of DNA
- Located at ground zero
- Frequency = Behavior Change-- (Sabbath, bible study create opportunities)
- Money

Why Formal Governmental Recognition?

Conclusion

- FBO's are part of First Response team (by default)
- Formal designation leverages FBO human and financial resources
- Mitigate possibility of a disaster becoming catastrophe
- Increase First Response footprint

Congregations as 'First-Responders' to Natural and Man-Made Disasters

RCNO Training Center & USC Center
for Religion and Civic Culture

August 2009

Formal Governmental Recognition of FBO's as First
Responders: Necessity, Opportunities and Benefits

Why Formal Governmental Recognition?

CURRENT...

- Opportunistic
- Treats all FBOs as the same
- Recruits individual volunteers from congregations
- Operating in a data-vacuum related to congregations
- Non-standard
- Not officially recognized

POSSIBLE...

- Intentional
- Develops solutions across different types
- Treats congregations as units, part of a system
- Making decisions using multi-layered data
- Core competencies
- Supported by policies

**FBO-stands for Faith-Based Organizations. Used interchangeably with congregations throughout*

Why Formal Governmental Recognition?

- Information gap exists
 - Cities and Counties don't know about their constituencies
 - Underserved communities are largely unaware of gaps, assets and opportunities for collaboration
- A large scale disaster will overload existing infrastructure
 - Some communities may not receive assistance for up to 3 weeks, according to LA City officials
 - Traditionally non- strategic communities are vulnerable (disaster could become a catastrophe)
- Congregations and FBOs are strategically located
 - Located in every section of the county

Why Formal Governmental Recognition?

- Compassion is a part of FBO DNA
 - They show they will respond (increased First Response footprint)
- Investing in programs/training for FBOs will help them respond effectively
 - FBO- First Response baby is not full grown at birth
- Formally recognizing FBOs will strengthen existing county efforts
 - FBO official engagement/designation as “first-responders” could mean more federal dollars to states

Why Formal Governmental Recognition?

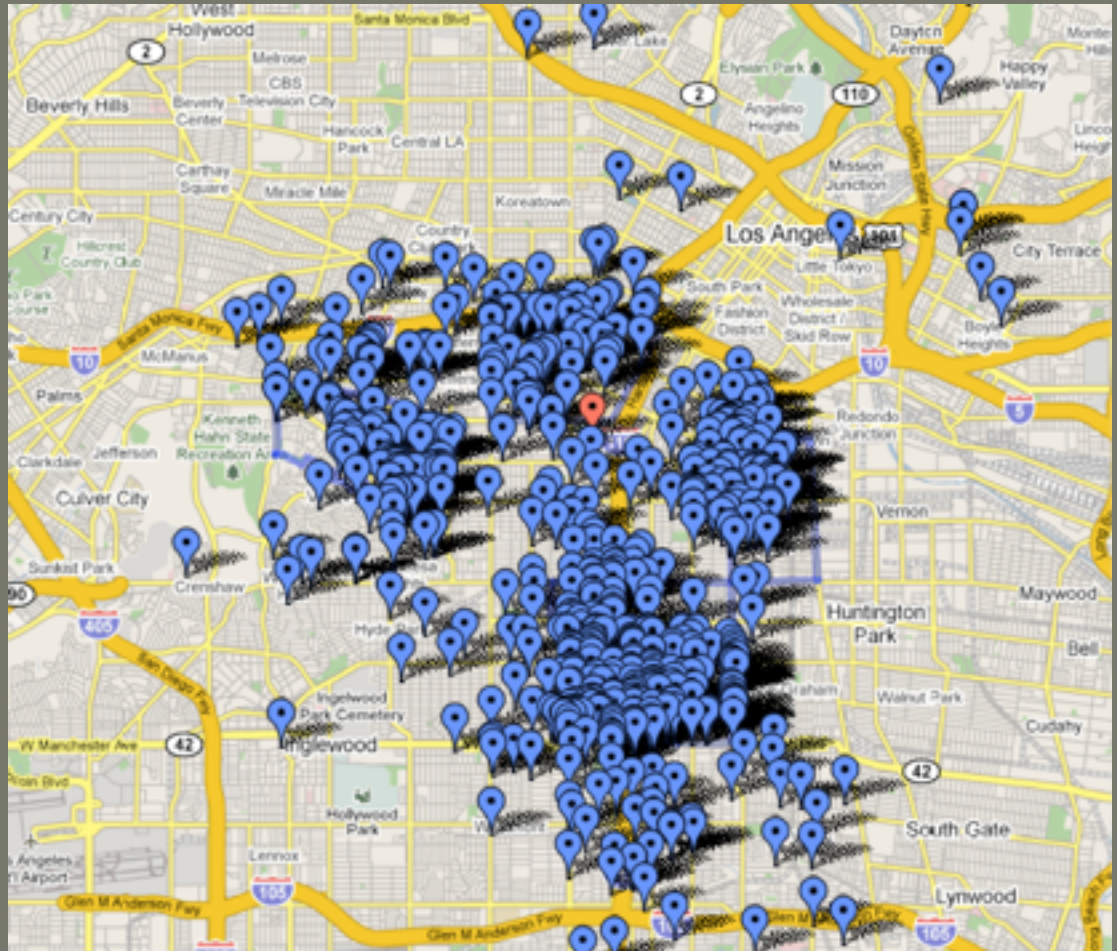
- Codify existing public expectations of FBO's
- Increase public decision-makers' awareness and emphasis on FBO's in policy formation & preparedness planning
- Establish bureaucratic procedures and practices to strategically maximize FBO investments

Beyond A Volunteer-Base

- Many government-driven efforts are focused on recruiting individual volunteers from congregations
- Need to focus on congregations as institutions/units
- Need to systemize involvement of congregations
 - Analyze/assess their assets and capacities
 - Create programs that focus on core competencies related to disaster response
 - Officially recognize them as 'first-responders'

Congregational Assets

- Ubiquitous
 - 12,000 in five-county area
 - 67 in one square mile in MacArthur Park
- Strategic locations in every area throughout the state



**Map of congregations in three Gang-Violence Youth Development Zones in LA by USC Center for Religion and Civic Culture, Summer 2009. Red dot is USC's main campus.*

Congregational Assets, cont'd

Access- Language, Demographics, and Networks

- Language and cultural competencies
- Ability to reach those on the margins
- All immigrant groups have their congregations
- Multi-generational
- Phone trees/communications networks across cities
- Networks across the country/ international
- Serve as a destination for information and services
- Can work with the media/have media relationships

Congregational Assets, cont'd

Human, Material, Spatial Resources

- Members are professionals, tradespeople, care-givers
- Transportation- vans, buses
- Space- buildings, parking lots
- Money

Moral Capital

- Recognized moral authority- promote calm
- Mandate to help

Congregational Assets, cont'd

Facilitate *Community Resiliency*

- Hope and Compassion part of DNA
- Located at ground zero
- Frequency = Behavior Change-- (Sabbath, bible study create opportunities)
- Money

Why Formal Governmental Recognition?

Conclusion

- FBO's are part of First Response team (by default)
- Formal designation leverages FBO human and financial resources
- Mitigate possibility of a disaster becoming catastrophe
- Increase First Response footprint

Bio for Cheryl A. Branch

cherylbranch@gmail.com

A native of Southern California, Cheryl A. Branch has committed over 18 years to improving the quality-of-life in minority communities. She has participated in local, state and federal projects directed at increasing the distribution of culturally competent health services, education/training opportunities, civic and funding resources in urban communities. Today, her personal and professional commitment has paid tremendous dividends to both her family as well as communities throughout the nation. She has become one of the most recognized urban fundraising strategists, addiction and behavioral health policy consultants in the country, establishing levels of corporate, public, ecumenical, community and private participation that is modeled nationwide.

Joining **Los Angeles Metropolitan Churches** in 2002 as a consultant, Cheryl became Executive Director in 2007. She implemented an Annual Pastor and Laity Leadership Conference in 2006 to create a local forum for bi-vocational pastors of small to mid-size churches to vision with world class theologians and other faith leaders' on solutions to re-entry and health care problems in Los Angeles County. In May 2002 Branch conceived and implemented the Faith In Communities Technical Training Program operated by **Special Service for Groups Inc.** to address the organizational development and leadership needs of LAM member church health ministries. Since 2002, the program has trained over 1,350 unduplicated non-profit leaders/staff, clergy and laity from 228 community and faith based organizations in Los Angeles, San Diego, Riverside/San Bernardino and Alameda/Oakland county in California.

1993-2002, Cheryl's career was shaped by her role as Development Director Special Service for Groups/**Homeless Outreach Program/Integrated Care System**. Cheryl led a team of fundraising managers & program directors overseeing multi-million dollar annual fundraising plans, donor cultivation, management, contract compliance and grant writing. During the same period, Cheryl conceived the marketing and positioning strategy for the **African American Alcohol & Other Drug Council (AAAOD)** coalition to become the leading African American focused treatment association in the State of California as evidenced by the many legislative and policy wins since its inception in 1992. Under her leadership, AAAOD continues to provide education, training, community organizing, and public policy formation for over 200 treatment organizations in California. AAAOD member agencies collectively serve some 75,000 uninsured adults, children and families annually.

While playing a pivotal role in bridging policy and service in California, Cheryl's passion for minority empowerment has remained high. Cheryl has trained more than 5000 community and faith leaders in California. She is an accomplished writer and frequent lecturer at prestigious academic institutions across the country. Cheryl was educated in Europe at Cambridge University in England and completed her undergraduate education at the University of Southern California in Public Administration and minor in Urban Planning. She is currently completing a Master of Science Degree in Community Economic Development at the Southern New Hampshire University. Her self-professed mission is to empower minorities so they can create solutions to their own problems. This commitment is surpassed only by her dedication to her husband, children and grandchildren.



C O U N T Y A D M I N I S T R A T O R

SUSAN S. MURANISHI
COUNTY ADMINISTRATOR

My name is David Kears and I am speaking today on behalf of Alameda County and in support of including re-entry population and specifically the development of faith based/clinic partnership 'health portal' models, within the expanded coverage initiative component of the State's DHS 1115 MediCal Waiver renewal application.

You have or will be provided with data and hear testimony documenting the compromised access to health care afforded the re-entry populations, and the high prevalence of chronic diseases among this population. You will also received documentation indicating that the re-entry populations are concentrated in defined neighborhoods throughout our State; and, that their poor health access and outcomes both contributes to and are a by-product of the multitude of risk factors that too often define those neighborhoods.

We know that both health status and crime and recidivist rates are associated with low educational levels, limited job skills and history, and strained family/community support systems. We also know that efforts to reduce the prison population will only exacerbate the health care disparities of this re-entry population and further deplete the 'health' of the neighborhoods they reside in unless new and more comprehensive intervention strategies are adopted. The State's 1115 MediCal waiver offers the promise of additional federal funds to support expanded health access and care for single adults. Faith base neighborhood organizations, in turn, provide many of the support services and training opportunities in the neighborhoods most impacted by crime, and again for whom the 're-entry' population disproportionately reside. The complex and interactive nature of the clients' needs coupled with limited and decreasing resources simply argue for an integrated approach. By encouraging models that target for inclusion in any expanded coverage initiative the re-entry population through an integrated faith base/clinic model, you optimize the prospects for successful outcomes.

We have in Alameda County one model of this approach that we are advocating: Healthy Oakland. It combines the community support and advocacy prominent in our faith base organizations with the clinical and billing expertise of our community clinic system. It is funded largely through our local discretionary dollars and thus is limited in its capacity to address the overwhelming need. In a very short time, however, it has demonstrated the ability to reach out and engage positively with individuals too often regarded as pariahs in our community and to re-connect them to their families and communities. They achieve this by integrating their health services within context of a broad array of services and job training/opportunities. Reverend Lankford is among those testifying today and will certainly provide a more in depth description of this model and what he has been able to accomplish to date with the little resources we are able to provide him.

The opportunity of the 1115 waiver combined with the necessity to develop new strategies to better integrate the re-entry population into our communities argues for consideration and inclusion of approaches like Healthy Oakland in any initiative that expands coverage to single adults. The counties represented here today reflect those counties for whom issues of crime, re-entry, and health status are most intertwined. We are supportive of the States effort to secure a broad and comprehensive MediCal waiver and welcome the opportunity to include the re-entry populations in the State's commitment to expanded coverage and improved outcomes.

I appreciate your attention to this matter and the opportunity to speak before you today.

Sincerely,

David Kears



Patrick Duterte - Director

County of Solano

Department of Health and Social Services



Patrick Duterte was appointed as the Director of Health and Social Services, for Solano County, in September 2001. He directs a department of close to 1200 staff. He previously worked in Silicon Valley's Santa Clara County Human Services Agency as Director of Employment and Benefit Services. In addition, he has managed child welfare programs and employment programs in San Francisco and San Mateo counties.

After serving his country in Vietnam where he received a bronze star, he received his bachelor and master degrees from University of California at Berkeley, and San Francisco State, respectively.

Patrick and his wife, Diane, have been married for 31 years, and have 5 children ranging from 30 years to 14 years old. He is an avid skateboarder, roller blader, cyclist, skier, unicyclist, rock climber, hot yoga enthusiast, and is a lifetime 49er and Giants Fan.

Career Highlights:

- Governor Arnold Schwarzenegger appointment to the First Five California Children and Families Commission (Sept 2009 to Present)
- SPUR Award – 1991 – Managerial Efficiency Award (San Francisco Planning and Urban Research Association)
- Pioneered the first National Model for insuring all children, Santa Clara County's Children's Health Initiative
- President for two terms – the nationally recognized Solano Coalition for Better Health
- Chair of the Bay Area Social Services Consortium (A Consortium of Bay Area Directors, Deans of Schools of Social Work, U.C. Berkeley, and Foundations)
- Chair of the 18 County Consortium Directors Welfare Case Data System (Won the CIO Top 100 award)
- Appointed to the National Association of Counties – Health Steering Committee – Now Serving as Vice- Chair of Health Disparities

Other Leadership Roles:

- Statewide Chair of the County Welfare Directors Association:
 - CalWORKs Committee
 - Child Care Committee
- Member of the Board of Directors for the United Way of the Bay Area
- Board of Directors – National Association of County Human Services Administrators
- Board of Directors – Partnership Health Plan of California
- Board of Directors – Solano County Workforce Investment Board
- Board of Directors- Bay Area Partnerships for Children and Youth
- Contributed to Solano County attaining a number of awards:
 - 3 consecutive years, winner of the 100 Best Communities for Kids – America's Promise
 - California State Association of County Challenge Awards for:
 - Baby First Program
 - Integrated Behavioral Health/Primary Care County Medical Services Program Pilot

Biographical Note

Brett O'Brien has worked for the Orange County Health Care Agency Alcohol and Drug Abuse Services for nearly 20 years. He currently serves as Division Manager where he has responsibility for the quality, accessibility, evaluation and cost effectiveness of a comprehensive community system of care for alcohol and drug abuse in a county with 3.1 million residents, with a budget of approximately \$33 million per year. In addition, he is designated as the County's Alcohol and Drug Program Administrator. He currently serves as the Chair of the Criminal Justice Committee of the County Alcohol and Drug Program Administrators Association of California (CADPAAC). Additionally, he served nearly four years as the Chair of Orange County's Drug Court Oversight Committee. Brett holds a Masters Degree in Counseling and is a licensed Marriage & Family Therapist. He has 23 years experience in the Alcohol and Drug treatment field. He has been a direct provider of individual, group and family services, in both outpatient and residential settings. He provides leadership and expertise in the areas of alcohol and drug treatment services, co-occurring disorders, child welfare collaborations and criminal justice collaborations.

Short Biography

Gary R. Stanton Solano County Sheriff-Coroner

- Gary was born in Vallejo in 1949, and is a life-long resident of Solano County.
- Gary entered law enforcement in November 1972 with the Solano County Sheriffs Office and is now in his 38th year of public safety service.
- During his career Gary has held the rank of Deputy Sheriff, Sergeant, Lieutenant, Chief Deputy, Assistant Sheriff and Undersheriff. Appointed Sheriff by the Solano County Board of Supervisors on July 8, 2001, Gary was elected by the community to the office of Sheriff-Coroner on March 5, 2002, was elected to a second term of office on November 7, 2006 and continues to serve as our Sheriff and Coroner.
- Gary is a member of the California State Sheriff's Association, the California State Coroner's Association, Western States Sheriff's Association, and the National Sheriff's Association.
- On March 13, 2008 Governor Arnold Schwarzenegger appointed Sheriff Stanton to serve on the California Rehabilitation Oversight Board (C-ROB).
- Gary is a graduate of the 190th session of the F.B.I. National Academy in Quantico, Virginia.
- Gary is a graduate of the Quantum Leap Leadership Academy and the Kerr-Hill Management Training Program.
- Gary holds an Executive Management Certificate awarded by the California Commission on Peace Officer Standards and Training.
- Gary also served for six years with the United States Army Reserve as an infantry soldier and holds an honorable discharge at the rank of Staff Sergeant, E-6.
- Gary and his wife Claudia have been married for 32 years; they reside in Dixon and have two grown daughters and four grand children.

Assistant Speaker pro Tempore Isadore Hall, III
52nd Assembly District
Biography



Assemblymember Isadore Hall, III was elected in November 2008 to represent the 52nd Assembly District that includes Compton, Paramount, Rancho Dominguez, South Los Angeles, Watts and Willowbrook. Within days of taking office, Hall was appointed to Assembly Speaker Karen Bass' leadership team and currently serves as Assistant Speaker pro Tempore.

Hall currently serves as the Chair of the Assembly Select Committee on Child/Adolescent Health and Safety and serves on the following fiscal and policy committees: Appropriations, Governmental Organization, Health, Human Services and Rules. Hall also serves on the following Joint and Select Committees: Select Committee on Community Colleges; Select Committee on Domestic Violence; Select Committee on Safety and Protection of At-Risk Communities in California; Select Committee on Regional Approaches to Addressing the State's Water Crisis and the Joint Committee on Fairs, Allocation and Classification.

Hall began his career of public service in 2001 when he was elected to the Compton Unified School District Board of Trustees. Hall served two terms as President of the Board and oversaw important reforms to attract highly qualified teachers and increase funding to classrooms throughout the district.

While on the Board of Trustees, Hall championed Measure I, which secured \$80 million to renovate schools throughout the district. He was also instrumental in securing construction of the first new elementary school built in the City of Compton in 35 years and successfully restoring the Compton Unified School District to full local control, after ten years of management by the State of California.

Hall was elected to the Compton City Council in 2003 where he served in various leadership positions including Mayor Pro Tem. While on the City Council, Hall oversaw efforts to increase youth access to parks and recreational activities, reduce crime and promote business growth throughout the city.

Among Hall's successes on the City Council, he created the quarterly Business-2-Business Breakfast Roundtable, which promoted commercial and residential development throughout southern California. Through his work on the Compton City Council, Hall also served on the Metropolitan Water District Board, the Gateway Cities Council of Governments and the Southern California Association of Governments becoming an influential regional voice for communities throughout southern California.

Hall received a Bachelor of Arts Degree in Business Administration from the University of Phoenix and a Master of Arts Degree in Public Administration from National University. Hall is also a proud member of Omega Psi Phi Fraternity, Inc.

Born and raised in Compton, California, Hall is the youngest of six children.

Assemblymember Tom Ammiano
13th Assembly District
Biography

Tom Ammiano is a long-time San Francisco Democratic leader who has served the city nearly three decades as a teacher, civil rights leader, educator and Supervisor.

A native of New Jersey, Tom earned his B.A. from Seton Hall and his Masters Degree in special education from San Francisco State University. He taught English to children in South Vietnam as part of a Quaker program until 1968, when he returned to San Francisco to become a public school teacher shortly after the Tet Offensive.

Tom was elected to the San Francisco School Board in 1990, where he served until 1994 and was elected President of the School Board. In 1994, Tom won citywide election to the San Francisco Board of Supervisors. In 2000, after the institution of district elections, Tom was elected District 9 Supervisor, and he represented the Mission District, Bernal Heights and Portola neighborhoods.

He served as President of the Board of Supervisors from 1998 to 2002. In addition to serving on the Board, Tom served on the Golden Gate Bridge Board and the Metropolitan Transportation Commission.

Among the San Francisco communities represented by Assemblymember Ammiano are: Bay View Hunters Point, Japantown, Bernal Heights, the Mission, Chinatown, the Castro, Diamond Heights, western addition, the Marina, South of Market, and Downtown.

Assemblymember Ammiano is the Chair of the Assembly Public Safety Committee, a member of Assembly Appropriations Committee, Education Committee, Health Committee and Rules Committee. Additionally, he a member of the State Legislature's LGBT Caucus and Environmental Caucus and the Assembly Coastal Caucus.

Assemblymember Marty Block
78th Assembly District
Biography

Assemblymember Marty Block was elected in November 2008 to represent the 78th District, one of the most diverse districts in the county of San Diego including the cities and communities of San Diego, Chula Vista, Bonita, Lemon Grove, and Spring Valley. Shortly thereafter, he was appointed by Speaker Bass to the Assembly Leadership as the Assistant Majority Whip

Assemblymember Block is a former dean and director and retired professor at San Diego State University (SDSU). Prior to his 26 years of experience at SDSU, he was a Director of Student Legal Services and a history teacher in Illinois. His extensive background as a respected community volunteer, educational advocate and experienced professional has earned Assemblymember Block wide acclaim from all communities in his district.

A five-time recipient of Outstanding Faculty Awards at SDSU, Assemblymember Block was presented with a University Distinguished Service Award upon retirement. He was also honored for community service by the California Rural Legal Assistance Foundation.

In the California State Assembly, Assemblymember Block works tirelessly to represent his district and provides strong leadership for policy changes which benefit all Californians and improve our most critical services. His passion on education issues, both at the K-12 levels and collegiate levels shows a strong regard for those who have little or no voice in the political process. He utilizes this same results-oriented approach to state government that served him so well in his prior roles.

In addition to improving education, his other legislative priorities include protecting public safety, providing jobs and economic development, seeking fiscal accountability and ensuring that everyone in the district has access to affordable, quality healthcare. He is working towards these goals through his four committee assignments: Higher Education; Health; Jobs, Economic Development and the Economy; and Accountability and Administrative Review.

Assemblymember Block earned his B.A. in Political Science and Education from Indiana University, and his J.D. from DePaul University. He has lived in the 78th District for 30 years, and currently resides in the Del Cerro community with his wife Cindy, a high school science teacher.

Assemblymember Steven Bradford
51st Assembly District
Biography

Assemblymember Steven C. Bradford represents the 51st District, comprised of the communities of Hawthorne, Lawndale, Inglewood, Lennox, South Central LA, Westchester, Gardena, Willowbrook, Playa Vista, and parts of Ladera Heights and West Compton.

As a member of the assembly, Steven is focused on providing all children with a quality education and healthcare. Additional priorities include public safety, economic development in the district and across California, and affordable housing.

In 1997, Steven was elected to the Gardena City Council—the first African American to hold this post. Throughout his tenure in office, he held regular Up-Close Open Council Office Sessions, which provided opportunities for constituents to provide him with vital input. He has worked for major companies like IBM and Southern California Edison, and served his community as the program director and recycling coordinator for the Los Angeles Conservation Corps. He also served as the Director of Solid Waste for the City of Compton and the District Director for the late Congresswoman Juanita Millender-McDonald, where he honed his knowledge of many public policy and legislative issues.

One accomplishment of which Steven is most proud, is that he is responsible for putting Gardena on the map with its popular free Jazz Festival held annually in August at a local park and featuring well-known internationally recognized recording artists.

Steven is actively involved in leading his community. He has served as a member of the Dr. Martin Luther King Jr. Cultural Committee of Gardena, chair of the Black History Month Celebration Committee, a PTA member, and as president of the Hollypark Homeowners Association.

Steven's history in the district began when he moved to Gardena with his family, at age nine, and attended Purche Avenue Elementary School, Henry Clay Junior High School, and Gardena High School. From there he went on to San Diego State University and California State University, Dominguez Hills, where he earned a Bachelor's Degree in Political Science and a Paralegal Certificate.

Assemblymember Nathan Fletcher
75th Assembly District
Biography

Nathan Fletcher is the State Assemblyman representing California's 75th District. He is the first combat veteran of the Global War on Terror to serve in the California State Legislature. Assemblyman Fletcher serves as the Vice Chair of the Assembly Health Committee, the Select Committee on Biotechnology, and the Select Committee on Rail Transportation. He is a member of the Accountability & Administrative Review, Water, Parks, & Wildlife, and Housing & Community Development Committees. Additionally, he sits on the Select Committees on Foster Care, Child/Adolescent Health and Safety, Healthcare Workforce Access, and Safety and Protection of At-Risk California Communities.

In each of these legislative facets, the Assemblyman is committed to demanding transparency and accountability from government, creating new jobs in California, expanding the access and affordability of health care and working to solve the water crisis affecting the Golden State.

Fletcher was elected in 2008 and represents the city of San Diego communities of La Jolla, University City, Mira Mesa, Scripps Ranch, Rancho Bernardo, Rancho Peñasquitos, and Fairbanks Ranch, along with the City of Poway, portions of the City of Escondido, the community of Fairbanks Ranch and portions of Rancho Santa Fe.

Driven to serve, Nathan's passion has always been public service. Before being elected to the legislature he served in the military, in the community, and in the political arena.

In 2007, Assemblyman Fletcher completed his service in the United States Marine Corps Reserves where he served as a Counterintelligence/Human Intelligence Specialist. On his last deployment, Nathan worked in the Horn of Africa region traveling throughout Eastern Africa and the Near East. For his service he was awarded the Joint Service Commendation Medal and Global War on Terrorism Expeditionary Medal.

In 2004, Nathan served eight months in the Sunni Triangle region of Iraq. Among the awards he received from this tour of duty are the Navy/Marine Corps Achievement Medal with Combat "V" for valor, the Combat Action Ribbon, and the Iraqi Campaign Medal. Fletcher is a recipient of additional military awards including the Benton R. Montgomery Award for Excellence and the Walter Morris Honor Graduate Award. Nathan is a graduate of many military training schools including the US Army Airborne Course and Marine Corps Mountain Warfare Training Center.

In addition to his military service, Nathan has been a tireless advocate for America's veterans and is a life member of both the American Legion and Veterans of Foreign War. Before being elected to the state legislature Nathan served as an appointed member of the San Diego County Veterans Advisory Council, where he provided a strong voice for veterans of the Global War on Terror. Assemblyman Fletcher also served on the Board of Directors for the Marine Corps Recruit Depot Historical Society.

In addition to being politically active in California and nationally, Nathan is a champion for the democratic process and has spent time abroad working with philanthropic non-governmental organizations to build and improve democracies in East Timor, Cambodia and Serbia.

Nathan is an Ironman Triathlete, marathon runner, and avid outdoorsman who enjoys surfing, alpine mountaineering, and mountain biking. He is a graduate of California Baptist University, where he was a Presidential Merit Scholar and member of the CBU baseball team.

Fletcher lives in San Diego with his wife, Mindy, who recently served as Deputy Campaign Manager and Deputy Chief of Staff for Governor Arnold Schwarzenegger. Nathan and Mindy are members of Community Bible Church and proud parents of their son Zach.

Assemblymember Felipe Fuentes
39th Assembly District
Biography

Assemblymember Felipe Fuentes was elected to the State Legislature on May 15, 2007 to represent the 39th Assembly District that includes Arleta, Lake View Terrace, Mission Hills, North Hills, parts of North Hollywood, Pacoima, Panorama City, San Fernando, Sun Valley, Sylmar and sections of Van Nuys.

The Fuentes family has lived and worked in Arleta, Pacoima, Panorama City and Sylmar for over fifty years. Felipe attended local public schools, graduating from San Fernando High School, later earning degrees in political science and business from UCLA and the Graziadio School of Business at Pepperdine University.

In 2001 Fuentes served as Deputy Mayor of the San Fernando Valley. He went on to become Chief of Staff to then LA City Council President Alex Padilla, helping to construct police and fire stations, libraries, and infrastructure improvements. Felipe also led efforts to turn Hansen Dam into an educational and recreational center.

During his first two years as a Member of the State Assembly, Felipe Fuentes has worked to improve the lives of California residents. As an Assemblymember, he has addressed issues of healthcare, transportation, housing, identity protection, energy and the environment. Fuentes is the chairs of the Assembly Utilities and Commerce Committee, the Select Committee on the Census, and is a member of the Appropriations, Accountability and Administrative Review, and Banking and Finance committees.

Fuentes is also constantly working to improve the lives of his constituents. He has authored a number of bills that directly impact his district: He authored AB 14, which would authorize cities and counties to adopt nuisance abatement ordinances that would allow for the impoundment of vehicles used to commit prostitution and illegal dumping crimes; AB 333 is a measure aimed at assisting new residential construction jobs in communities blighted with vacant lots; and Fuentes authored AB 805, which requires stricter scrutiny of auto dismantler license applications.

Assemblymember Fuentes is a life long resident of the Northeast San Fernando Valley and lives in Sylmar with his wife and daughter.

Assemblymember Warren Furutani
55th Assembly District
Biography

Assemblymember Warren Furutani was first elected in a special election to the 55th District in February 2008 and re-elected in the same year to his first full two-year term. He represents the cities of Carson, Lakewood, (North and West) Long Beach, and the Los Angeles communities of Harbor City, the Harbor Gateway and Wilmington.

Warren has 40 years of experience and involvement in education and public service, both as an elected official and a community organizer. He is the only person to have been elected and re-elected to the boards of the Los Angeles Unified School District and the Los Angeles Community College District.

Beginning as an activist in the 1960's and continuing to the present day, Warren has worked hard to ensure that all people living in the Golden State have equal opportunities, especially as it relates to education. These opportunities include working for a quality K-12 education system, affordable and accessible college and university education, and career and technical education programs for all students. Warren is also an advocate for environmental issues—like clean air, and maintaining an adequate “safety net” of health and social services for those who need them.

During Warren's first year he was able to forge a “win/win” agreement on SB 588 (Runner) that was signed into law. SB 588 streamlines the process for construction on community college campuses. As a result of his exemplary leadership and statesmanship, the Professional Engineers in California Government honored Warren with their 2008 Legislator of the Year Award.

In his district, Warren has established a body of community leaders, called Ambassadors, to advise him on issues in the 55th AD. They are people from diverse backgrounds—including people from the education sector, youth of the district, community services, labor groups, local churches and small businesses.

Warren founded and is chair of the Assembly Select Committee on Career Technical Education and Workforce Development. He has also been appointed as Chair of the Committee on Elections and Redistricting. He has membership on Assembly Standing Committees for: Transportation; Utilities & Commerce; Labor and Employment; and Public Safety. He is also organizing the first ever community college caucus in the California legislature.

A native Californian and fourth generation Japanese American, Warren is a product of the Los Angeles public education system. He has been published and interviewed in education journals, university academic publications, newspapers, books and documentaries. He is featured in a permanent exhibit, "Common Ground" in the Japanese American National Museum.

Assemblymember Dave Jones
9th Assembly District
Biography

Dave Jones is serving his third term representing the 9th District in the California State Assembly. Jones is the new Chair of the Assembly Health Committee and serves on the Appropriations, Judiciary, and the Accountability & Administrative Review Committees.

Dave Jones has had many significant legislative accomplishments in his four years in the State Assembly. During that time, he has obtained passage of over seventy bills. These bills demonstrate his commitment to children and families, affordable housing, education (with special emphasis on early childhood education), consumer and environmental protection, health care, privacy rights, civil rights, equal access to the courts, economic development, and privacy protection.

His Assembly Bill 1233 was called the "most important housing bill of the year" in 2005 by affordable housing advocates and his landmark 2006 conservatorship reform bill (AB 1363) enacted sweeping protections for seniors and dependent adults facing abuse. His AB 2759 in 2008 created the nation's largest early childhood education and pre-school program to give children the best possible start. His legislation has added important new protections to Californians' financial, personal and medical privacy. His environmental legislation has helped to improve air quality, promote communities where people can walk, bike or take public transit, improve water quality, and protect endangered species like the California Sea Otter.

Assemblymember Jones led the fight to end abusive tax loopholes that have contributed to record state deficits. Additionally, he has worked to address the foreclosure crisis plaguing California. Assemblymember Jones successfully obtained a \$500 million emergency appropriation for levee improvements that allowed construction to begin to repair Sacramento levees. At the same time, Jones led the effort to put the \$4.09 billion Disaster Preparedness and Flood Protection bond on the ballot. Jones has also improved equal access to the courts by increasing resources to meet the legal needs of low income, disabled and senior Californians.

Prior to his election to the State Assembly, Dave Jones served as a Sacramento City Councilmember for five and a half years. Before his election to the City Council, Jones worked for six years as a legal aid attorney with Legal Services of Northern California, providing free legal assistance to the poor. In 1995, Jones was one of only 13 Americans awarded the prestigious and competitive White House Fellowship, and he served in the Clinton Admin. for three years first as Special Assistant and then Counsel to United States Attorney General Janet Reno.

Jones is a graduate of DePauw University, Harvard Law School and Harvard's Kennedy School of Government. He and his wife, Kim Flores, have two young children, Isabelle and William, and live in Sacramento.

Assemblymember Bonnie Lowenthal
54th Assembly District
Biography

Bonnie Lowenthal was elected to the state Assembly in 2008. Her district includes California's only inhabited island, the largest port complex in the nation, and one of the most economically and ethnically diverse populations in the state.

Her entry into the Legislature follows two terms on the Long Beach City Council, and two terms on the Long Beach Unified School District. She also served on the Metropolitan Transportation Authority.

A Long Island native who raised two children in California, a licensed mental health professional, an early practitioner of computer programming languages, whose comfort with technology puts her at ease with today's cyber-youth, Bonnie Lowenthal emerges from the rough-and-tumble world of Long Beach politics at a time when thick skin and solid relationships are more important than ever.

She entered the Legislature as part of a freshman class thrown into the worst financial meltdown in modern state history. Within a month, she would vote for broad spending reductions, and participate in the most dramatic one-year financial course correction in California history.

Lowenthal, a leading advocate of open government and institutional reform, quickly earned the respect and support of environmentalists, consumer advocates and good-government groups.

During her first months in office, Lowenthal helped broker a deal that granted the Long Beach-centered portion of Southern California new autonomy over water quality and water conservation projects.

She delivered an impressive first-year bill package that earned seven gubernatorial signatures. She selected her legislation with an eye toward cost containment, and managed to snare more federal dollars for California with her law to grant a year of federally funded food stamps to emancipated foster youth. She was named Legislator of the Year by the California Assisted Living Association.

She completed a master's program in Community Clinical Psychology at California State University Long Beach. She used her license as a Marriage, Family and Child Therapist in both private practice and as a Mental Health Consultant for Head Start, LULAC, and agencies that served the growing and vibrant Cambodian refugee community in Long Beach.

After decades of volunteer public service, she was elected in 1994 to the Long Beach Unified School Board, where she served two terms. Voters then elected her three times to the Long Beach City Council. During her terms on the Council, she served as Vice Mayor, and on the boards of the Alameda Corridor Transportation Authority and the Metropolitan Transportation Authority.

Bonnie Lowenthal chairs the Assembly Committee on Aging and Long-Term Care, and the Select Committee on Ports. She also serves as a member of the committees on Health; Transportation; Accountability; and Water, Parks & Wildlife. She represents Long Beach, San Pedro, Signal Hill, Avalon, Rancho Palos Verdes, Rolling Hills, Rolling Hills Estates and Palos Verdes Estates. She is eligible to serve in the Assembly until 2014.

Assemblymember Jim Nielson
2nd Assembly District
Biography

Accomplishment has been a hallmark of Jim Nielsen's career.

Jim was raised on a small farm in the San Joaquin Valley, and he graduated from Fresno State with a Bachelor's degree in Agricultural Business.

After college, Jim Nielsen first worked as a ranch foreman; then founded a company that utilized rice hulls and rice straw for fuel; and, eventually operated his own cattle ranch.

In 1978, Jim Nielsen was elected from the North State to his first of three terms in the State Senate, where he served as Senate Republican Leader from 1983-1987.

In the Senate, Jim quickly established himself as a tough-on-crime conservative who championed the cause for lower taxes. Nielsen also authored legislation to promote welfare reform and reduce welfare fraud, including the renowned GAIN program, and he authored and coauthored bills to promote agricultural exports.

After leaving the Senate, Nielsen continued his leadership on conservative issues, including service as Chairman of the Board of Prison Terms where he established a tough record of keeping hardened criminals behind bars.

Jim is married to Marilyn; has two daughters, Prima and Brandi; three sons, Jim, Adam and Bryan; and one granddaughter, Logan.

Assemblymember Sandre Swanson
16th Assembly District
Biography

Assemblymember Sandré Swanson proudly represents the vibrant East Bay communities of Oakland, Alameda, and Piedmont. An area native with deep ties to the community, Mr. Swanson was elected to his first term in the California State Assembly in 2006.

A long time activist, Assemblymember Sandré Swanson worked for five years as Congresswoman Barbara Lee's Chief of Staff after working for 25 years as the District Director and Senior Policy Advisor to former Congressman Ron Dellums. In these capacities, Assemblymember Swanson earned a reputation as a dedicated and hardworking public servant with an impressive record of accomplishments on behalf of the people of the district. Most recently, Assemblymember Swanson was the Chairman of the Alameda County Retirement Board and a Trustee for the successful \$5 billion pension organization.

Mr. Swanson came to Sacramento with a dynamic legislative agenda that reflects a long history of working with broad coalitions for the interests of the community. He is driven by a passion for the health, education, and safety of our children; for justice and equality in and outside of the workplace; and a deep commitment to improving access to healthcare. Through out his life's work, Mr. Swanson has believed that problems are best solved when all of the stakeholders are brought to the table. As a legislator, he continues to use this collaborative approach in tackling complex problems in a comprehensive, practical way.

An active supporter of worker's rights for over 30 years, Assemblymember Swanson embraces the fight for a living wage, quality benefits, and decent working conditions. Mr. Swanson grew up in a union home, and knows first hand the debt of gratitude we owe to unions and the labor movement in California. He believes that California must continue to set the standard for the nation when it comes to workplace protections and rights.

Another key priority for Mr. Swanson is an aggressive, common sense approach to reducing prison inmate recidivism through job training programs. He believes the state must begin to find better ways of helping young people in probation facilities return to society better equipped to be productive and prepared to live meaningful lives.

Rounding out his legislative agenda, Mr. Swanson is committed to reinvigorating the economic vitality of the Bay Area. Assemblymember Swanson has extensive experience creating new opportunities for good paying jobs, and is always sensitive to how economic development impacts the environment.

Assemblymember Norma J. Torres
61st Assembly District
Biography

Assemblymember Norma Torres was elected in November 2008 to represent the 61st District of Pomona, Ontario, Montclair and Chino.

Prior to her election, Torres served as mayor of Pomona and also worked as a bilingual 9-1-1 dispatcher and instructor for the Los Angeles Police Department. She previously served as a member of Pomona's city council.

Working to protect the public safety and making Pomona a better place to live have been Norma's lifelong work, which she will continue as an Assemblymember. In 1994, Torres led the effort to require the hiring of bilingual 9-1-1 operators at the Los Angeles Police Department. Despite overwhelming odds she organized a grassroots coalition that resulted in bilingual operators on every shift.

Fighting to keep Pomona safe for families, Torres passed the state's first ordinance regulating where convicted sex offenders were allowed to live. The ordinance prevented sex offenders from living near Pomona's schools and businesses or together in large group homes.

Ending the cycle of gang violence continues to be a top priority for Assemblymember Torres. She brings a long record of fighting crime on behalf of working families. As mayor, she imposed gang injunctions limiting gang activities and worked with the community to break the code of silence in crime-ridden neighborhoods.

Reversing budget cuts throughout the city of Pomona, Torres helped to restore firefighting positions and ensured that fire shifts were fully staffed and firefighters were properly equipped to respond to fire and emergency calls. Torres also created a public-private partnership that focuses on clean-up efforts throughout the community and led home repair and improvement programs to make Pomona's neighborhoods stronger.

Assemblymember Torres will continue to stand squarely on the side of working families. Over the years, she has volunteered for community service with the Suicide Prevention Center, Big Sisters Program, AYSO, Boy Scouts and many school-related activities.

Assemblymember Torres lives in Pomona with her husband, Louis, and their three sons

Assemblymember Alberto Torrico
20th Assembly District
Biography

Alberto Torrico serves as Majority Leader of the California State Assembly. Called a “rising voice” by the San Jose Mercury News, Majority Leader Torrico proudly represents the Silicon Valley’s 20th Assembly District.

The son of Asian and Latino immigrants, Majority Leader Torrico is the first legislator in the history of California to join two ethnic caucuses – the Latino Caucus and the Asian Pacific Islander Caucus. Serving two terms as Chair of the API Caucus, Majority Leader Torrico played a pivotal role in expanding the membership to the highest level in its history. Torrico also blazed a new trail when he became the first person in his family to attend college. He earned his Bachelor of Science degree in political science from Santa Clara University. He then received a law degree from the University of California, Hastings College of the Law, and spent the next decade fighting to guarantee basic rights for working men and women.

Since his election to the Legislature in 2004, the Democratic Majority Leader has earned a reputation for hard work, tough decision making, and a passion for justice. His undeterred commitment to improving the lives of all Californians has earned him the respect of his colleagues from both sides of the aisle.

In his effort to improve the lives of all Californians, Mr. Torrico has authored bills to save abandoned newborns, increase funding for higher education, protect innocent renters, create affordable housing, extend health care benefits to foster children, and restrict the use of pesticides in day care centers. He is currently authoring bills that would fundamentally reform state government, and transform California’s dysfunctional prison system.

Over the past five years, Majority Leader Torrico has held various leadership positions in the State Assembly. Immediately after his first election to the Legislature, Mr. Torrico was named chair of the Assembly Committee on Public Employees, Retirement and Social Security (PERSS). As Committee Chair, he successfully led the fight against Governor Schwarzenegger’s proposals to privatize public pensions and to eliminate benefits to the widows of fallen police officers and firefighters.

Striving to improve the lives of local underserved children, Majority Leader Torrico and his wife Raquel founded a non-profit organization. To date, Raquel’s Kids has provided over 600 needy children with health insurance, and over 50 new computers have been installed in local elementary and middle schools

The 20th Assembly District includes the cities of Fremont, Newark, Union City and Milpitas, as well as portions of San Jose, Pleasanton, Hayward and Castro Valley. Alberto and Raquel are the proud parents of Mateo (8 years old) and Amy-Elyzabeth (4 years old).